

NEW CONCEPTS OF HEALING

Medical, Psychological, and Religious

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NEW CONCEPTS *of* HEALING

MEDICAL, PSYCHOLOGICAL, AND RELIGIOUS

By A. GRAHAM IKIN, M.A., M.Sc.

AMERICAN INTRODUCTION

By WAYNE E. OATES

ASSOCIATION PRESS

NEW YORK

NEW CONCEPTS OF HEALING

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American Introduction

The grim tragedies of an embattled Britain during World War II were met by the singing faith of a people who could fix their hope in God as surely as the white cliffs of Dover pointed toward the heavens. The impetus of the power of the faith of the British people has always given reflective American Christians the inspiration and direction to search out new depths of application of the Christian message to human need. This is so once again in the life of personal commitment and scholarly accuracy which stands behind the pages that follow in this American edition of A. Graham Ikin's *New Concepts of Healing*. From amid the struggle for survival of her people, first in war and then in the days of reconstruction of homes, cities, and economy, Ikin writes about spiritual healing. She sees spiritual healing playing "a real part in the actual evolution of man, bringing into play fresh resources that can transform both man and his world." She is convinced that "the exploration and charting of this sphere of happiness can no longer be confined within the space-time realm." She does not believe that spiritual healing "can be

relegated to the limbo of primitives or fanatics, or written off as the happy hunting ground of the charlatan or quack who cashes in on our inability to extend our concepts to include such experience within a framework great enough to allow for its further development until it becomes as natural within that framework as the limitations and abstractions it transcends seem now."

I agree with Gilbert Murray, who, in his *Four Stages of Greek Religion* (later revised and named *Five Stages of Greek Religion*) wrote: "The uncharted surrounds us on every side and we must needs have some relation towards it, a relation which will depend on the general discipline of man's mind and the bias of his whole character."¹

The newer concepts of healing set forth by Ikin in this book express an adventurous searching spirit toward the uncharted areas of spiritual healing, emphasizing the wholeness of man, the disciplines of the training of ministers, and the quality of bias that is called for in the character of the minister and doctor who would join interprofessionally in the research in religion and health. Iago Galdston is right when he says that our culture has helped to discredit religions without providing their moral equivalent in return. He attributes much of the illness and disrest of our day to this failure, calling for the most earnest study of religion on the part of the scientific person. This is the same appeal of Ikin in her resistance to the artificial dichotomy of reality set forth in mechanical conceptions of science. Books like this one will provide the ground of communication on which ministers and doctors alike can stand to consider the enduring bases of spiritual healing of needy people. This is an uncharted area and we must needs have some relation to it.

¹ New York: Columbia University Press, 1912, pp. 152, 153.

More specifically my task has been to bring data into the Appendices of the book which will relate the conceptual orientation of Ikin to an American reading audience. In her book she has a consistent demand for a better trained clergy. She agrees with Jung in his assertion that the Protestant clergyman of today is "insufficiently equipped to cope with the urgent psychic needs of our age," and that it is "high time for the clergyman and the psychotherapist to join forces to meet this great spiritual task." Therefore, I have included in the Appendices a careful report of the educational approaches that are being carried forth in the United States, in the accomplishment of the very need which she names so specifically. A colleague of mine, Eric C. Rust, who is recently a member of the faculty of the Southern Baptist Theological Seminary after having spent much of his professional career in British theological schools, says that one of the major differences between the practice of pastoral psychology in this country and Britain is that Americans have more effectively developed forms of education of ministers in the care and cure of souls. I would add that this is especially true of the theological seminaries in America, in that this kind of training is of exceptional interest to the survey being presently made of theological education in America under the auspices of the Carnegie Foundation.

Ikin is especially indebted, it seems, to C. G. Jung, as indeed most Britishers are by reason of his patronage of the Guild of Pastoral Psychology. However, as in the book *Psychology of Religion*, recently published by L. W. Grensted, Ikin also shows no acquaintance with or influence of either Harry Stack Sullivan, Carl Rogers, Gotthard Booth, or Viktor Frankl. All of these men lay an emphasis on the interpersonal, I-Thou character of the processes of healing that would be

alien to the kind of science which she describes as being an I-It kind of relationship, which perpetuates the illusion of objectivity. Interpersonal approaches to healing, characterized by the therapeutic hypotheses of men such as I have named, are providing fruitful meeting places for ministers and doctors, and in a real sense the whole spirit of the age in healing concepts and methodology is changing as a result of this de-emphasis upon the more wooden nineteenth-century concepts of science which tended to "objectivate" all of life.

Ikin speaks to an American audience as an Anglican, apparently. I feel that she makes her richest contribution to do so. The vital concern of the Anglican communion, as well as American forms of this fellowship of Christians, for the deeper realities of spiritual healing has encouraged people of all Protestant fellowships to take this ministry more seriously. In fact, as will be noted from Charles S. Braden's "Study of Spiritual Healing in the Churches," as reported in the Appendix E, "percentage-wise, the Episcopalians rated highest in the number of healings in proportion to the number reporting; 65 per cent of them had engaged in healings by spiritual means," says Braden.

However, in America, the wide diversity of forms of spiritual healing is more apparent than in the picture we get from Ikin of England. For instance, the phenomenon of Oral Roberts' healing evangelistic movement stemming out of the mass evangelism of the Southwest in Oklahoma is a form of spiritual healing that, as the *Christian Century* editors aptly say, cannot be expected to go away just because we do not notice it. I have long contended that some real research needs to be done as to the dynamics of such movements from something more than, other than, and different from the bias of character of shallow sophistication and obvious social class snob-

bery. This takes what Gilbert Murray again has called the ability to "walk gently in a world where the lights are dim and the very stars wander." I believe A. Graham Ikin illustrates that spirit in her book, and wish for the opportunity to hear her comment on the kind of phenomenon apparent in the Oral Roberts' type of healing and how it can best be guided and its dynamic laid hold of by more educational approaches to spiritual healing.

Ikin gives a whole chapter of careful thought to the New Testament and healing, but as in the case of Roberts, much use is made of Old Testament materials on healing in "grass-roots" appearances in this country. Also, the snake-handling cults of this country, primitive faith healing in its most primitive form, use biblical literalism as justification for their procedures. Biblical criticism has been much more effective, apparently, in Britain than in the greater portions of Protestantism in this country. It has been interesting to me to notice that insistence upon the literal interpretation of Scripture and the fixation of attention and emphasis upon one portion of the Scripture have been characteristic of both the genesis of new sects in this country and of a revival of emphasis upon some form of spiritual healing. We in America would ask the question, therefore, as to whether there is any connection between the gradual neglect of the healing ministry in religious groups as they move from what Troeltsch has called the status of "sect" to what he has called "Church." Apparently there is a profound sociological shift going on here; and, if so, would a consistent attention to the deeper needs of people for spiritual healing have anything to offer for a more vital life in our older religious groups, and reduce the necessity for the multiplication of newer sects and cults? This is a

good question, but it would call for the research of a person like A. Graham Ikin to give true light as to an answer.

Apart, therefore, from some more courageous approach to the Christian ministry of healing such as Miss Ikin's book calls for, the churches will continue to have to be on the defensive, declaring healing of the spirit to be a thing of the past, offering rewards to people who will give it proof, and considering human life at its heart to be a mechanistic realm of objects that can only be manipulated by other objects, which in turn have no meaning and purpose. But with a response to such challenges as found in the following pages, the Christian life, for many who have become bored with life, may become a bold, fresh adventure into a world of uncharted power and hope as they lay hold of the power of the Spirit of God afresh.

WAYNE E. OATES

Professor of Psychology of Religion

The Southern Baptist Theological Seminary
Louisville 6, Kentucky

Author's Preface to American Edition

My sincere thanks are due to Dr. Wayne Oates, both for his introduction to the American edition of my book and for collecting material for the Appendix from American sources to replace some reports of the Guild of St. Raphael, the Guild of Health, The City Temple Clinic, The Guild of Pastoral Psychology, and the Iona Community, which were included in their own words in the English edition.

The summary of the conference held at the New York Academy of Medicine on "The Ministry and Medicine in Human Relationships" and that of a seminar on "Spiritual Healing" at Wainwright House, Rye, New York, were made by me from verbatim reports of the conferences kindly sent to me for that purpose, and were approved as adequate condensations.

After the book was published in England I received a letter from the Christian Science Committee on Publication, which speaks for itself:

"I have read with deep interest your very interesting book on 'new concepts of healing.'

"I can see clearly from your conviction that the secret of healing lies in closer co-operation between clergy and doctors, why you have not given any space in your book to Chris-

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tian Science. Nevertheless, I think the omission is a pity, because the general reader is aware of Christian Science as a 'new concept of healing' and would, I think, have appreciated at least an objective summary of its principles and methods."

In view of the forthcoming American edition, the report included in this Appendix was drawn up for me in America and approved by the Board of Directors of the Committee on Publication, and submitted to me for inclusion, subject to my approval, in the American or any other editions. I am happy to be able to include it for the first time here.

It will be realized that I cannot speak at first hand of the American sources included by Dr. Wayne Oates, as I could of the work in England. Differences of emphasis may mean that I should not agree with all that is said: but in an attempt to bring together many "new concepts of healing," the wide range in experience and practice must be allowed to speak for itself. I was particularly interested to note that Dr. Wayne Oates thought that in England we had assimilated biblical criticism more completely than American churches had, but that the training of ministers to include a more psychological and clinical approach in their pastoral work was much further advanced in America than over here.

Such exchanges of thought and experience as this book will help to deepen understanding between our two countries in the difficult tasks of reconstruction facing a post-war world which is anxious to find the way to a peace founded on spiritual principles that allow for the fullest development of individuals and nations within a world wherein, in the last resort, there can be peace for none until there is peace for all.

A. GRAHAM IKIN

Eskdale
Cumberland, England

Foreword *by the Bishop of Lincoln*

I welcome this valuable book *New Concepts of Healing* by Miss A. Graham Ikin, wholeheartedly and with a sense of profound gratitude to the writer.

As late chairman of the Churches' Council of Healing, and now as chairman of the Archbishops' Commission on Divine Healing, I have been acutely conscious of the need for a scholarly and really well-informed book on this most important subject.

New Concepts of Healing is written by one eminently qualified for the task. Miss Ikin writes from real knowledge gained from study and experience. She was Organizing Secretary and Lecturer for the Archbishop of York's Committee of Doctors and Clergy, and the National Council for Pastoral and Medical Co-operation. She did invaluable work assisting the Chaplain's Department through the Central Advisory Council for Adult Education in H.M. Forces. Added to all this she has herself experienced a serious illness and, though almost incapacitated, she has worked away at this book, and others, with indomitable faith and courage.

The book faces frankly the problems and difficulties and

is a strong plea for full co-operation between clergy, doctors, and psychotherapists in the work of healing and wholeness.

I commend the book most warmly, especially to clergy and doctors and particularly to the members of the Archbishops' Commission, as shedding light on many of the problems and questions with which we are grappling. It is a book too for the students in the theological schools and medical schools, and for all who are seeking to understand the truth of Divine Healing.

I hope the book will have a wide circulation, for indeed it answers an urgent need and will stimulate further discovery and real understanding.

MAURICE LINCOLN

Author's Preface

Since *The Background of Spiritual Healing* was written, a second World War has intervened and none can be sure this century can escape a third and still more devastating one. The need to mobilize all the spiritual resources of mankind to counteract the materialism which by itself spells the death knell of the hopes of mankind for a fuller life is stirring men of good will to find some way of averting disaster. Many ventures in spiritual discovery and healing have emerged, orthodox and unorthodox. Many more people are now taking the possibility of Christ's capacity to heal today and not just two thousand years ago seriously, and are trying to find the conditions that enable him to break through the barriers of unbelief and the shackles of centuries of wrong thinking and living which hamper that fullness of life. Here and there we hear of "mighty works," but also here and there we hear of confusion and conflict when some of those who have channeled the love of God through prayer and produced results that cannot be gainsaid are opposed by those whose methods differ and who seek to confine the Holy Spirit of God to

channels of man's own devising. Each group with a measure of success in its ventures tends to confine the fullness of God within that mold, often failing to recognize the fruits of the spirit in, to them, unfamiliar forms.

This further book, *New Concepts of Healing*, seeks to include some of the more recent insights of work on the part of psychologists and religious workers and to relate these to the work of the medical profession. There is need for a framework within which the life of the Spirit is to be lived in this age and generation, with all God's ways of meeting man's needs co-ordinated, and it is hoped this book may be timely and helpful in enabling fellow workers with God to recognize his handiwork through others.

The great advances in modern medicine, which have actually extended the average expectation of life by twenty years in this half-century, have come through team work, through pooling knowledge from many sources, through discovering more precisely the conditions that make for health and wholeness. God has worked through this to relieve distress and to cure many previously incurable diseases, as well as to prevent many illnesses from developing. In doing this, the medical profession has latterly begun to realize the psychogenic nature of many diseases which were once thought to be purely physical. Psychosomatic medicine, new though it is, and with much to learn, does offer a real meeting place for those who primarily treat the body directly, and those who seek to heal it through mind or spirit. The relation between sin and disease—not necessarily the individual sin of the sick person, but collective sin—is becoming clearer, and the challenge to remove man-made causes of disease is being recognized.

If those who are concerned with the preaching of a gospel

for the *whole* man, for a life of the spirit expressed in and through the body, individually and socially, can bring the resources of faith in the reality of spirit which transcends the body-mind dichotomy by including both within the unity of personality, into harmony with the medical approach, instead of in conflict with it, an era of healing far beyond anything yet experienced would be possible. Doctors are realizing the vast problem set by psychosomatic diseases, emotional stresses, anxieties, and worries, and are so often powerless to remove the causes within the emotional and mental life of their patients. Our prides and prejudices, our fears and our resentments, our hates and our touchiness, are as potent a cause of disease as any microbe. Spiritual healing involves a casting out of negative and infantile emotions and a growth toward spiritual maturity.

To meet the needs of starving children and all the misery of "displaced persons," all those in mental hospitals and the thousands whose illnesses are psychosomatic (i.e., *in the body through the mind*), there must be a transformation of *life* and not just an attempt to call down some magical power to heal without attempting to remove the causes of disease that arise from our human failure to put first things first.

Christ gave us two commandments—"Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind, and with all thy strength" and then "Thou shalt love thy neighbor as thyself" (Mark 12:30, 31).

To meet our neighbors' needs, we must use our hearts, and all the sympathy and understanding possible to us; all our souls, all the creative aspirations that refuse to let us remain content with a routine mediocrity; *all our mind, all the intelligence and knowledge available*; and all our strength, all the practical help on any level that we can bring within the

reach of those in need. If we do so consecrate the *wholeness* of our personality to the service of God and man, we will find from time to time the precise solution of some pressing need will come into sight, or some healing beyond our own capacity will occur when we are "moved with a compassion" that provides a channel for the love of God.

The record of journeys by plane and sea, which enable some "healers" to cover a wider range than has ever been possible before, depends not only on the faith and stamina of the "healers" but on all the scientific work that led to planes capable of circling the globe and liners capable of riding out storms that would have swamped all vessels of an earlier age.

Consecrated personalities seeking to heal "casualties" and all those involved in medical and scientific research are "fellow workers with God," channels he can use. All who seek to provide better conditions for children to grow healthy physically and emotionally, all who seek to alleviate some of the distresses of the old, are members of Christ's healing army, whether they own his jurisdiction consciously or not. But when they do recognize it, that little bit extra that may make the difference between success or failure breaks through more frequently.

We need this "background" to spiritual healing, the wide setting of the whole cosmos, and all the forces within it, the range of social services spreading ever more widely to alleviate distress, physical and financial, the awareness of the interplay of social and economic forces, as well as physical and spiritual factors in the production and cure of disease, to give our faith its rightful place as the focus—like a burning glass—through which the forces of Spirit can break through *precisely* to meet some *specific* need. A cup of cold water

may save a life—a pint of blood given for transfusion may save another, an injection of penicillin may save a third, and the love and faith of someone who has learned through prayer how to provide a link between a sufferer and the “life more abundant,” which in their sickness they cannot respond to or appropriate unaided, may save others. We need to draw on all the forces of spirit creatively to meet so world-wide a need, not decrying those who are different from, or whose methods seem alien to ours, but whose work shows by its fruits that it too has channeled some fraction of the resources of Almighty God to meet some human need and put a sufferer on the road to life and health again.

If this book can help all who seek to heal the sick in body, mind, or spirit, to recognize and co-operate with their fellow workers in adjoining or overlapping fields, thus restoring the unity of the physical, psychological, and spiritual activities of man, it will have served its purpose.

A. G. I.

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CHAPTER I

The New Testament and Healing

NO amount of exegetical casuistry can remove the vital healing message from the mission and message of Jesus Christ, or from his commissions to his disciples. Wherever Christian truth has been derived from the record of the revelation which is the Bible, the vitality of the healing ministry of the Christian fellowship has not only been apparent in but also inseparable from the intrinsic character of the gospel.

As we are dealing with the New Testament, it may be advisable to make clear in our minds the amount of authority which we are to give to the actual words of the New Testament. There has been a great change in outlook since the assumption that a statement made in the Bible *must* inevitably be true because every word was mechanically inspired by God. Nevertheless, recent research, which has given us a much greater insight into God's method of inspiring *men* to work

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matter, but the *consonance of that which is written with the spirit of Christ*. This, in spite of all variations of tradition and translations and mistranslations in detail, does impress itself as definitive, authoritative, and genuinely a portrait of a historical figure which corrects additions due to faulty reporting or copying by the impression of a unitary integrated personality that shines through the record.

We cannot read the New Testament without realizing that healing was inseparable from the life of Jesus. It must therefore be the concern of those who follow him.

Throughout the New Testament record we find *compassion* stirring Christ to action to alleviate human distress. His power to alleviate it when, as recorded in one instance, the physicians of that day had done their best for a dozen years without avail (Luke 8:43-50), seems to spring from his faith in the willingness of the Cosmic Power he called "Father" to heal disease as well as to forgive sins.

Sin and disease for Christ were both alien to the kingdom of God, and his ministry was one of redemption, to bring humanity into the sphere within which God's will was fulfilled. He said, "If I cast out devils by the spirit of God, then the kingdom of God is come upon you" (Matt. 12:28).

But he also said, "The kingdom of God is within you" (Luke 17:21). The ground of the possibility of healing disease lay in our kinship with God our Father. This implies a God who wills our good and who seeks to evoke fellowship, without which kinship is a tragedy that causes suffering on *both* sides because it is an inescapable fact, and relationship without harmony is an agony. Disease-wracked bodies and sin-distorted minds, both alike parody the nature of, and even throw doubt upon the existence of, a God who cares for his creatures.

Hence his commission was to preach the gospel and heal

out his purpose, using the whole personality with its idiosyncrasies in relation to the temporal situation, and not a mechanically inerrant "medium," probably enables us to get much nearer to the reality of the history and experience recorded in the Bible than ever before. We do not eliminate the authority of the Bible, we increase it by reverent, and even critical, understanding.

There appear to have been three stages in the development of the gospels as we have them now. First, we have the oral traditions out of which the Apostle Paul was instructed and on which the reference to the Life of Christ in his Epistles was based. It may be worth noting in this connection that the Hebrews were noted for oral memory and therefore a greater degree of accuracy may be expected from such a people in a time when oral tradition was so much more valued than could be expected today, when writing and printing are so easily available.¹ Secondly, we have these oral traditions being committed to writing in the various places which Christianity had reached, while some eyewitnesses of Christ's life and ministry were still alive. Then, thirdly, we have these various written statements combined and rearranged or otherwise edited by the evangelists, as Luke definitely tells us at the commencement of his Gospel.

It is these edited accounts of the life of Christ which have been received down the centuries and which *have* to be interpreted in the light of modern medical and psychological, as well as historical, research.

The great point which emerges in the study of the origins of the gospels is that it is not so much the exact words that

¹ Compare this with the literal transmission of fairy tales and the way in which even today a child will at once quibble at any modifications or alterations. The story *must* be repeated verbatim to satisfy the child.

intense activity of which the human being is capable. Effective intercession may tax the resources of a strong man.

We cannot separate without disaster the minds and bodies God has joined together. Modern psychotherapy is here much closer in accord with the teaching and practice of Christ than much so-called Christian teaching has been. Unfortunately we have frequently so preached (or parodied) the gospel, as *to create the sick the doctors have then had to try to cure.* It is this which makes it more difficult to get the doctors to appreciate or approve of attempts to recombine these elements and once again preach a gospel that really heals the sick. Doctors are suspicious of religion when it comes into their sphere of action, since they so often find a faulty religious attitude is at the root of many of the disorders they have to treat. They then tend to think all religion must be disastrous.

However, there is ground for hope, since we are beginning to realize that the Christian ministry is to the *whole* man, and must include the welfare of his body as well as his eternal interests. *We can no longer be content to preach a gospel of hope for the future as a substitute for the effort of adjusting things in the present, or as a compensation for failure to live rightly in this life.* We are at last beginning to realize that the faith which Christ insisted upon as necessary to set free his power to heal is a *moral quality*, and its absence, tying the hands of God, so to speak, is a moral disorder which needs to be tackled. It was not by accident that Christ coupled the command to preach the gospel, the "Good News," and the healing of the sick, which expressed its reality. The one was necessary to make the other possible.

Modern psychotherapy has rediscovered this. Jung points out that out of the many hundreds of patients coming to him

the sick. "And as ye go, preach, saying, The kingdom of heaven is at hand. Heal the sick, cleanse the lepers, raise the dead, cast out devils, freely ye have received, freely give" (Matt 10.7-8). As the two aspects of his ministry could not be separated in his own life, so they were not to be separated in the Christian Church. You will remember that Christ pointed to the blind who regained their sight, the lame who walked, the lepers who were cleansed, the deaf who heard, the dead who were raised, and the fact that the gospel was preached to the poor, to substantiate his authority to preach and forgive sins (Luke 7.22).

The test of Christ's authority to preach and forgive was the *quality of the life he transmitted to others. The test of the authority of the Church is the same* Much of her weakness springs from the divorce between spirit and mind, practically expressed in the gradual elimination of the healing ministry. When ministers became responsible for the souls of men and doctors for their bodies, the *unity of personality, the interaction and integration of life physically, mentally, and spiritually, was ignored* Christ reached out to men as men, not as separate souls attached to bodies whose condition was irrelevant to the state of the soul. His parable of new wine in old skins could well be applied here. A spiritual influx which did not take the body into account would wreck the organism through which it was to be expressed, would burst the old wineskins (Luke 5 37-38) ² There is a terrible fallacy and misapprehension in a prevalent view that the sick and ailing may make first-class intercessors *Genuine prayer is the most*

² There is real evidence for this in the work of some 'healers' in Christ's name today, which will be referred to later. But though this may involve psi functions for its transmission, the principle is obviously true on ordinary levels as well. A cold bath that can exhilarate and tone up a healthy man could be fatal to an invalid.

only need to read the first chapter of Paul's Epistle to the Romans and some of St. Augustine to realize that Freud was only trying to tackle scientifically problems they recognized then, and *which the Christian Church has not yet been able to eliminate from practical life.*

Some of the cases in which Christ cast out "devils" were what we would now call "moral disease." However, I will refer to this in more detail later. What we do find is that Christ considered that this, as well as physical disease and sin, had to be fought and eliminated by the power of God. Nowhere does he give grounds for attributing it to the will of God. The idea that God sent sickness which we then had to endure with resignation is absolutely alien to Christ's attitude. It has cut across the Christian gospel wherever it has been preached. Much lack of dynamic faith has sprung from this wrong idea of sickness, and since, in the main, Christian people have tried to get relief and help from doctors in spite of believing God had sent the sickness directly, there has been a grievous division within the personality. God has been active in the impulse to seek for help and not to be "resigned" to illness, and in the doctors striving to fight disease, and God has been in opposition to the so-called religious faith that sought for strength to endure instead of to cure. A notable instance is that when Simpson first introduced the use of chloroform to relieve pain during childbirth, many said it was wicked to do so, as God had willed the pain incident thereto. Many must have adopted its use to relieve pain with uneasy consciences, which a truer insight into God's attitude to suffering would have rendered unnecessary. Read's work in connection with "relaxation" in childbirth, to minimize the pain and yet enable the woman to participate actively and consciously in the birth of the child she is looking forward to,

from all parts of the civilized world, there was not one among them over thirty-five years of age whose problem was not in the last resort that of finding a religious outlook on life. Still more significantly, he adds that none of them has been really healed who did not regain his religious outlook.³ Here we have the pitiful manifestation of the consequences of lack of faith in the world and a challenge to the Christian Church to meet the needs of suffering humanity. Jung goes on to say, "Here, then, the clergyman stands before a vast horizon, but it would seem as if no one had noticed it. It also looks as though the *Protestant clergyman of today was insufficiently equipped to cope with the urgent psychic needs of our age*. It is indeed high time for the clergyman and the psychotherapist to join forces to meet this great spiritual task."⁴

Some agencies in Britain, such as the Guild for Health and the Guild of Pastoral Psychology, have undertaken to develop a program of education of ministers and informed lay persons in the interdisciplinary approach to the care of the sick and otherwise distressed person. However, such education seems to have barely touched the structure and function of the minister's basic theological education.

In America, the penetration of this kind of education has been extensive and is carefully outlined in the *Annual of Pastoral Psychology* which is published each year as the January issue of the journal, *Pastoral Psychology*, edited in Great Neck, New York, by Simon Domger, Ph.D. Reference to this material is available in Appendix B.

To return to the New Testament, we find the fundamental problems are strangely unaltered throughout the years. We wish to condemn Freud for his outspokenness, but we

³ C. G. Jung, *Modern Man in Search of a Soul*, pp. 264-265.

⁴ *Ibid.* p. 278 (italics mine).

us so long as we remained self-centered *Faith and self-centeredness are incompatibles* This is one reason, in an age of self-centeredness and a clamor for self-expression, for some weakness of faith Its result is shown in the host of psychoneurotic ailments, mental and nervous breakdowns, and even suicides which challenge us as Christians to try out our faith and remove this mountain of agonizing disability "Only nerves" is a common cry, but it often expresses a state of mind that is nearer "hell" for the sufferer, who has got so entangled in himself, or herself, that contact with God, and all that is good or beautiful, seems impossible

There is no doubt that there is a tremendous call to Christian clergy here, quite apart from any revival of a special ministry of healing or special gifts of healing, which will be referred to later Every minister has some measure of responsibility and a great range of opportunity

Without becoming specialists to deal with serious cases, great though the need is for these, every minister can play a part in bringing together again the preaching of the gospel and the healing of the sick Few may have Christ's direct insight into the needs of a sufferer's personality, like that which discerned the need for forgiveness in the paralytic (Mark 2 5, Luke 5 20) Those who have it will probably specialize for individual work But all can learn much from modern psychotherapy that will enable them to understand better how Christ worked and in some measure to become able to go and do likewise Christ himself said that what he saw the Father do, that too he did¹ So with us, when we can

¹ "Verily verily I say unto you the Son doeth nothing of himself, but what he seeth the Father doing these also doeth the Son likewise For the Father loveth the Son and showeth him all things that himself doeth and he will show him greater works that ye may marvel" (John 5 19-20)

is a further step, which shows how much of the pain "God willed" on the old view is *inherently unnecessary* and due to our own mental attitudes and practice

There is a great gain today as we realize the inconsistency of utilizing medical science to cure and prevent disease and at the same time thinking disease is directly sent by God. Christian Science with its one-sided repudiation of doctors would not have arisen to emphasize the fact that God was on the side of health, if the disastrous division had not occurred, and many are cured as a result of that faith who would not be cured if they accepted the illness with resignation as "the will of God "

If we can see that God is on the side of health, and is working through *every* available channel to achieve and maintain it, we can utilize all the resources of medical science as *sacramental*. The faith in God implied in this is a higher development than that which puts God and the doctor in opposition, and then when *in extremis*, relies on the doctor, not as a spiritual worker serving God, but as a master of material remedies that are more potent than spiritual realities or God himself. Doctors may be scientific, but many of their patients appeal to them as *magicians*. Small wonder they appealed in the same way to Christ and to other healers, not perceiving the spiritual insight and power available, scientifically or religiously.

Again and again Christ had to turn from those who sought a sign, yet we never hear of him turning from one in genuine distress where he perceived *there was faith enough to enable him to act without overruling our human freedom and responsibility*. We do not always realize there are many ills from which we cannot be set free until we get outside the circle of self centeredness, and open the whole of our being to God, who can then work *in* us what he could not do *for*

gets even more difficult.⁶ In such a case as the backache or headache which acts as a way of escape, treatment by Unc-tion, or the laying on of hands, could be disastrous; *though it would probably serve to remove the ache for the time being*. The infantile ego which maladapt in this way would not be cured, but fixated, and though the backache may go, the weakness of temperament and character from which it sprang would remain. It might also be intensified by being apparently sanctified by the "holiness" of being specially cured by God. Such a woman might tend to claim exemption from the common duties of life, with having been the recipient of divine favors of the excuse, illustrating another manifestation of her desire to escape everyday responsibilities and duties. I have come across examples of this reaction several times.

If the clergy did no more than realize *first in themselves*, and then get it across to their parishioners, that our mental, moral, and physical symptoms are frequently ways of escape from reality, that is, from God, the revival of faith and the reduction of personality-disorders would be astounding. But it is actually a slow process. Psychological maturity, which implies contact with reality and expresses a grown-up response to the challenge of life instead of an infantile one, is not easily acquired. Many grown men and women are still babes in spirit, behaving in childish ways, and blaming either God or the devil, or both, for the disasters which follow their own inefficiency.

Psychological maturity is not a question of intelligence only: though it naturally includes the fullest use of the degree

⁶ The congestion causing the pain is real and such pain is not "imaginary," but the congestion arises through emotional and not purely physical causes—hence prayer *can* relieve it, but insight should be given as to its "cause" for real cure.

see how Christ worked, we find we too can follow. Every glimpse of understanding helps here.

When we realize that "moral disease" and "nervous symptoms" both alike spring from disorders of personality, not primarily of nervous structure, we can see how inevitably clergy and psychotherapists are involved. Disordered personalities may at times need analysis to bring the warring elements into consciousness, but permanent and satisfactory synthesis cannot be effected without religion. But no exponent of religion can help here if his own attitude is infantile or immature. He would only increase the weakness of the patient, whose last state might well be worse than the first.

Where the minister has some knowledge of the twists and turns our minds take to prevent us realizing the truth about ourselves, however, he can help enormously to spread the new understanding. When, for example, instead of commiserating with a woman with a backache which he as a minister may have a hunch is a protective device against accepting her fair share of her family's responsibilities, he may gently suggest that she go to her physician for a thorough examination and get an accurate diagnosis, which would be more dependable than either his or her lay opinion in the matter. If he has established a secure and mature relationship to the doctor (and if he has not, this is his chance to begin doing so) then the woman may learn through the skilled comradeship with her doctor and her minister that the endurance needed for doing the job she shirks is no greater than that required to put up with the backache or headache (for the pain involved in such hysterical symptoms is very real) and also that the effort involved in necessary work, however distasteful, is more honest and useful, fulfilling instead of destroying her personality, this may go far to prevent serious breakdown when life

shall save the sick and the Lord shall raise him up; and if he have committed sins, they shall be forgiven him" (Jas. 5:13-15).

This brings out several points worth considering. First, sadness is not to be accepted resignedly. A man must pray, and it is inferred his sadness will pass. Secondly, if he is sick, other people must pray for him. He is not in a condition to pray aright himself. Thirdly, it is for the *elders* of the Church he must send: those who are mature Christians, not babes in Christ, but grown-up Christians. (Actually this is not altogether a question of age, some "elders" in the chronological sense can be fixated at an infantile or adolescent level, and such are not likely to be effective in healing the sick.) Fourthly, the use of oil, which was a common remedy in those days, sanctified material aid. Fifthly, it expressly states that the *prayer of faith* shall heal the sick, thus making a spiritual attitude primary, and *not* an endowing of the oil with magical or semi-magical properties.

It is perhaps worth noting that Christ himself did not make a practice of anointing with oil or of the laying on of hands.⁷ There was a direct rapport or interaction between himself and the sufferer, as instanced in the woman with the issue of blood, whose faith "tapped" the *dunamis*, or vitality, of the

⁷ The "laying on of hands" sacramentally differs from the *use* of hands by various healers, clerical or lay, who realize their own bodies in touch with the patient can in some way complete a circuit and enable them to channel some force that makes for healing in the *patient*. See "*Some Healers Today*," Chap. 5, for examples. Various healers use their hands in different ways and adjust their procedures to the felt needs of the patient. Christ did not use a formal ceremonial "laying on of hands"; he did at times make use of touch and laid his hands on some people, though it seems obvious that with his capacity for direct and responsible action "at a distance" this was not essential from his side, but was used to aid those less open to direct rapport, intelligently not magically nor automatically.

of intelligence each individual possesses. Psychological maturity is an integration of character such that the fullest human response to reality possible to each individual, with his own special temperament and gifts, is made. In Christ we see complete psychological maturity and find that through its perfection the very Being of God could be expressed. The poise and balance of Christ's life, his freedom from jealousy, irritability, and self-righteousness, those telltale marks of an infantile ego, illustrate his maturity. Moreover, the range of his interests indicates a normal human development. This is shown in his parables drawn from the common life, as well as in his love of children, his capacity for friendship and his sociability (illustrated by his presence at wedding feasts, dinners, and the reference to gluttony and winebibbing thrown at him by those who could not use the gifts of God aright themselves and therefore thought no one else could either). This was coupled in his case with a love of, and capacity for, solitude, illustrated by going to the hills to pray, and his capacity to teach and lead men, as well as to heal them.

There we have the *norm* by which Christian life is to be measured. Moreover, it is in this poise and balance of qualities which we so often keep separate, that we find the secret of Christ's capacity to bring peace and sanity to disordered minds, as well as bringing health and wholeness to sick bodies. His healings seemed to flow naturally from his personality. A woman in a crowd could touch the hem of his garment in faith and at once his power was drawn upon.

As we are considering the New Testament, reference must be made to the frequently quoted text in the epistle of James. "Is any among you afflicted? Let him pray. Is any merry? Let him sing psalms. Is any sick among you? Let him call for the elders of the Church and let them pray over him, anointing him with oil in the name of the Lord, and the prayer of faith

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There is actually a considerable difference of method between most of the clergy who take up spiritual healing and that of the psychotherapist and psychiatrist. *Each* has its successes and its failures. The clergyman tends to claim that God is working more directly through him than in the psychotherapist's consulting room. The psychotherapist, on the other hand, thinks the clergyman's ideas of God are so often infantile that he is deceived in this, and that the methods of the consulting room bring the patient into closer contact with reality.

This brings us to a consideration of special gifts of healing, the question of exorcism, the laying on of hands and Unction, and the relation of all this to modern psychotherapy and to the ministry of Christ.

Many psychiatrists consider that the whole religious approach just referred to is the expression of an infantile attitude to God, one that should be outgrown. But though it is true that much that goes by the name of spiritual healing justifies their indictment, the religious approach to the problem of healing cannot be thus summarily dismissed. Spiritual healing must, however, be purged of its infantile and pagan accompaniments if it is to bring its contribution to the mental, physical, and spiritual health of mankind. It is necessary to become psychologically mature, to *extend* the kingdom of God, however childlike it is necessary to be to *enter* it.

Christ never suggested that discipleship was an easy mat-

Christ, who perceived it *had* been so drawn before knowing *who* had drawn it ⁸

In *Religion and Psychotherapy*, I showed that our bodies are focusing points for physical energy and that the direction and range of this is decided by our minds, our thoughts, desires, and intentions, and that in the same way by faith we become focusing points for spiritual forces, active agents through which the purpose of God may be fulfilled. If faith opens the door into a spiritual realm in which we find our true center of gravity, it is easy to see why the absence of faith issues in the mental and nervous disorders to which we have referred. The ego that has not grown up enough to find its dependence upon, and kinship with, God, cannot stand up to the challenge of life, and under stress breaks out or breaks down in antisocial ways. The healing of such by bringing the sufferer, whether insane, psychoneurotic, or criminal, back into fellowship with God, is obviously as much the concern of the clergyman as the doctor. The problem is too big for either alone. As Jung says, the needs of his patients force the psychotherapist into the role of minister. Moreover, some time ago an English psychiatrist said he wished the Church would provide a sound consulting service for spiritual problems, that he felt the need of it every day.

It was the challenge of this, coupled with Jung's appeal to clergy to join forces with psychotherapists, which led to my work in the "no-man's land" wherein the work of doctors and clergy overlap. First it inspired me to write a book on religion and psychotherapy. Then it led to the formation of a committee of doctors and clergy under the aegis of the late

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ter, and the psychiatrist with his insistence on facing reality and not trying to evade its claims upon us reiterates an element of sternness in the gospel which a pleasure-loving age tries to ignore

Let us see then, if we can find in a study of Christ's own methods the bridge that can bring minister and psychiatrist together

We find Christ recognizing the uniqueness of the individual and meeting the needs of each appropriately. In some cases we see him making use of suggestion. Making clay with which to anoint the eyes of the blind man and telling him to wash in the pool of Siloam, is one example of this (John 11 1-11). So, too, is the healing of the deaf man with an impediment in his speech. He took him aside from the multitude to avoid countersuggestion, put his fingers into his ears, and touched his tongue with spittle, before saying, "Be opened" (Mark 7 32-34). In the case of the paralytic we see Christ first meeting an unspoken need for forgiveness, before telling him to get up and walk (Luke 5 20). In others some power or virtue went out of him, for example, the woman with the issue of blood (Luke 8 46).

Moreover, in some cases of mental and moral disorder, Christ cast out "evil spirits." For example, the demoniac in the country of the Gadarenes (Luke 8 26-36), and the modification of this in the Gergasenes (Matt 9 28-34). Other examples are the epileptic boy whose father brought him first to the disciples and then to Christ, just after his Transfiguration (Luke 9 38-42), and the man with an unclean devil in the synagogue, who called out, "What have we to do with thee, thou Jesus of Nazareth?" (Luke 4 33-36).

Whatever may be the ultimate explanation, there are some

disorders where more than human evil does seem to be involved. *Some perversion on a spiritual plane with a cosmic repercussion* may require corporate activity to break through. The individual alone cannot counteract it.

Then, too, Christ showed that spirit could make contact with spirit at a distance, for example, the centurion's servant (Matt. 8:5-13), and the nobleman's son (John 4:47-54).

Three examples of raising the dead are also given, Jairus's daughter (Luke 9: 41-42, 49-56), the widow of Nain's son (Luke 7:11-15), and Lazarus (John 11:1-44). Christ also healed what we should call organic disease, if the records of healing leprosy (Matt. 8:2-3; Luke 17:11-19) and dropsy (Luke 14:2-4) are based on a correct diagnosis. Moreover, the woman who could not straighten herself may have been suffering from rheumatoid arthritis (Luke 13:11-13).

With the exception of raising the dead, and possibly leprosy and dropsy, these can all be paralleled today. I do not know of one, dead and buried, being brought to life again; though there are some instances of contact with God by faith marking the turning point between life and death after the doctor has given up hope and, from the physical conditions, death seemed inevitable. Moreover, the line of demarcation between organic and functional disease seems to be breaking down, and rendering the cases we cannot yet parallel more probable. It must be remembered, too, that in considering records of healing before the days of scientific diagnosis, it is not possible to be sure of the nature of the disease reported to be cured. This also applies to mass healing missions today. We have only to realize the misreports of the nature of disease by untrained people today, to bring this home. While, therefore, not ruling out the possibility of such healings as are beyond our own competence being genuine, indeed con-

sidering them to be very probable, when we consider the power of Christ to do *continuously* what we only seem to be able to do *intermittently*, we are on surer ground when considering such healing as can be paralleled today. And I think by the understanding and extension of these, we are more likely to be able to extend the range of our own competence, and in the long run probably confirm the ones we cannot parallel yet.

The medical man would not consider "exorcism" or telepathic healing as coming within his scope. But there is sufficient evidence to justify unbiased examination of the claims of some religious healers to be effective on these levels. It is as unscientific to rule them out *without investigation* as to accept them *uncritically*. There is a great need for some competent clergy and medical psychologists to tackle this part of the problem together. As I pointed out in *Religion and Psychotherapy*, some people believe in the devil to save themselves from admitting evil in themselves. They project themselves on to a sort of spiritual cloud and get it back personified. They can then feel comfortably self-righteous in fighting the unrecognized elements in themselves which they have so projected. On the other hand, many disbelieve in the devil or devils because they have never gone deep enough into experience, their own or that of others, *to touch the deep level of underlying antagonism to God in us*, which neutralizes so much of our striving after righteousness.

Psychotherapists, such as Jung, refer to the "devil dominants," the collective vice of the race, which can be reactivated in us and lead to the phenomena of possession. Others, for example, the late Mr. Hickson and Father Fitzgerald of Mirfield, thought they were dealing with entities other than the personality, with evil spirits which could be cast out.

Some of Christ's language seems to imply one view, some the other.

Whichever *explanation* is true, the *problem is a real one*. The evil entity, whether formed by a regression to, and inflammation of, what we might call a racial spiritual appendix which ousts the normal ego from control, or else due to the influence of a discarnate agent hypnotically or otherwise overthrowing the reason of the individual, makes the problem of "exorcism" a serious one. The majority of ministers and doctors alike are baffled here.⁹

Christ's power to deal with such cases seemed to spring from his conviction of the sonship of man, his knowledge that the mind of man could respond to the power of God, and that in so doing evil would be eliminated. In his own assurance of fellowship, of oneness with the Father, he could reach out to the disorganized center of personality and restore it to such fellowship with God as we call sanity. Sanctity might then become possible as fellowship with God increased. There is great need for Christians to achieve and maintain such fellowship with God through prayer and life, that they too can reach *through* the evil of disoriented, disintegrated lives, and restore sufferers to communion with God.

The analytical approach of medicine, tracing out cause and effect, is not of itself capable of this *direct contact with the sufferer* which can go lower than any regressive disturb-

⁹ The recognition of the reality of telepathy and pre-cognition in recent years, and the modifications of our views on personality and the actual structure of the universe on the part of *competent* psychiatrists, are bringing the primitive and the scientific ways of interpreting such phenomena together within the same "universe of discourse," which must lead to a fuller understanding.

ances and stimulate the divine spark within the patient to rise once more to the challenge of life. In so far as individual psychotherapists can achieve this, they are *themselves* transcending their own science and bringing about *genuine spiritual healing*.

It is not a vocation to be rushed into lightly, however. Few of us are integrated enough to touch it at all, and whether through a sympathetic stirring of the depths of our own unconscious, which then entangles us, or whether we stir up active opposition, there is *danger*. But to those who are stable enough and mature enough Christians there is a wonderful field of redemptive work in restoring normality to those whose spiritual center of gravity has been so reversed that evil, rather than good, controls their lives, disintegrating them in the process.

True spiritual healing, however, is not the monopoly of the minister of religion. Both religious and psychological healing can work on the mental or the spiritual level. It is most important to recognize this. The laying on of hands or Unction through an *experienced* ministrant, acting *responsibly*, not magically, may be used to evoke a dynamic faith in the patient which then *actively* responds to the Divine: or it may simply work through suggestion, curing symptoms without reaching the root of the trouble in the personality itself. Ministers and "healers" need to discriminate here, and to learn when to reinforce the patient through the laying on of hands or Unction. But it is important to realize that the use of Unction may be *disastrous* in cases where personality-disorders have produced physical symptoms of distress *to avoid facing agony of spirit*. There is a tremendous challenge and opportunity to clergy and to all ministers of religion, to help sufferers to face the agony of spirit and *through facing it*

recover wholeness and harmony of physical function. The process of genuine *cure* here is incredibly painful, and the support of a sympathetic and understanding helper, clerical or medical, is essential to enable them to see it through and regain their own contact with reality and the fellowship with God which this implies.

Christ illustrated supremely the healing influence and power of human personality in fellowship with God. He did not claim his powers as unique, but told his disciples, whose heirs we are, that they should do even greater things than he had done. He commanded them to preach the gospel and heal the sick, and emphasized the importance of faith, on the part of the sufferer, or his friends or his disciples, to enable the power of God to work in and through them.

Today, the revival of the ministry of healing within the Church, and the development of psychotherapy within the medical profession, indicate that if we can join forces and work in harmony, it should be possible to tackle the problem of disease more effectively and so fulfill the gospel command more adequately than has yet been feasible.

CHAPTER 2

Psychotherapy and the Church's Ministry of Healing

Some time ago I was watching a bee buzzing in vain against a window pane, seeing the light beyond, but not the invisible barrier. Then when I opened the window, it flew out with only a fraction of the energy and effort it had previously expended fruitlessly. So some of us expend fruitless efforts, knowing God is there, but unable to get through to him or to let him get through to us. The psychotherapist's business is to reveal the invisible barrier in the depths of ourselves, below the level of consciousness, which, like opening the window for the bee, can enable us to find once again the God from whom we had felt cut off by a barrier so tangible that some interpret it as actively malignant and call it the devil.

Mutual understanding and co-operation between those

concerned with spiritual healing from the religious side and those concerned with it from the medical side is of the utmost importance. It is of no avail to hold out the lure of the wonder of God and the majesty of his purpose and willingness to heal, while keeping the window closed in ourselves which prevents direct access to him; nor does it avail to concentrate on the barrier without any idea of the range of the activity of God which may be expected to follow its breaking down.

The mutual relations of the spiritual, the physical, and the psychological elements in the human make-up are not yet clearly defined and, in spite of much work on the part of psychologists and clergy, there is still a great deal of ground to cover and explore before the respective workers in different fields can reach a satisfactory agreement that will do justice to all concerned. Medical psychology is a new science, but it is very necessary that the development of spiritual healing should take advantage of the knowledge that even now is available along psychological lines. As has been said earlier, the sphere of disorders of personality, whether this is expressed in *misconduct*, or in *mental or nervous breakdown*—to use the popular term which is loosely applied to cover a wide range of psychological disorders—offers a meeting point between science and religion. There could be no real point of contact while science concerned itself only with the material aspects of existence and religion only with the spiritual. In spiritual healing there is a genuine *overlapping* of the material and spiritual spheres. The Incarnation indicates that this is essential if either the material or the spiritual aspects of life are to be adequately understood. Materialism may be inadequate science, but the religion which attempts to divorce the life of the spirit from the nexus of psychologi-

cal, biological, and physical events through which it is manifested is equally far from the truth.

Today the revival of spiritual healing from the religious approach and the development of psychotherapy from within the medical profession hold out great hope for the future. The medical psychologist who is trying to sift the tares from the wheat in the various methods of trying to cure disease by nonmaterial means is a *liaison officer* between the medical profession and the religious bodies who are also grappling with the problem of disease. Moreover, the fact that psychotherapists as well as the clergy are concerned with disorders of personality makes it possible for a dual approach to the problem, which in the long run must have far-reaching effects in enabling methods of prevention as well as cure to be applied with genuine insight. The clergy principally consider disorders of personality in terms of sin, doctors in terms of disease. But some "sins" are symptoms of disease, and some "diseases" are symptoms of sins. The psychotherapist allows for and tries to deal with both. There is unfortunately a good deal of mutual suspicion between doctors and clergy to be broken down before the real nature of the balance between the spiritual, physical, and psychological elements in our make-up is found. However, it seems that if the opportunity of mutual understanding offered by the development of psychotherapy is not utilized, it will be a disaster of the first magnitude. Though individuals will continue to be cured along both lines, the separation of and lack of co-operation between "spiritual healers" and "psychotherapists" will in the long run tend to perpetuate the conditions which will lead to further disorder. There will be increasing tension between those cured by one method and those who are cured by the other, due to each thinking they alone are on the right lines,

instead of genuine and full contact with reality being achieved in either field. The ability to recognize the work of the spirit in forms that *differ* from our own is a mark of spiritual maturity.

It is now recognized that preventive medicine is essential to the health of the community. So the prevention of nervous disorders by bridging the gulf between "authorities" on personal and moral problems in the churches, and the psychiatrists and psychotherapists who are also carrying on the work of Christ in the practical work of restoring health of body and mind, is essential to the moral and spiritual health of the community, and such health of body as depends on this.

It is true that there are many who think that since some spiritual healers and some psychotherapists can help certain types of patient, it is better for the religious-minded to go to the spiritual healer and the secular-minded to the psychotherapist. This, however, seems to me to be dangerous in the extreme. There are cases where the very words "God" and "religion" have to be left out, since the patient's contact with them has been of such a perversion of religion and has implied such a caricature of God that the renewal of their contact with God has to come in very simple everyday channels, without, at any rate for a long time, any direct realization that they are in touch with God at all. As Paul said, "That is not first which is spiritual, but that which is natural: then that which is spiritual" (I Cor. 15:46). The psychotherapist has in such cases to rebuild almost from the bottom up, before the spiritual nature can function freely, whereas the spiritual healer tends to reinforce the weakness by the direct application of the religious appeal *which will go along the wrong channels previously developed*. This is one reason why after a healing mission in which many may

have been cured there is often a great increase of mental instability in others, and the doctors find their hands full of those who had only just kept their mental balance prior to such reinforcement, but who had been swept away by the emotional effect of the mission. This is one of the reasons why the medical profession tends to distrust healing missions. Doctors come up against the harm they do among the emotionally unstable, whereas those who have found help do not come to them, so that they do not see those who have genuinely responded spiritually. The spiritual healer may have a sane and balanced view of God—though many fail here themselves—but he cannot ensure that those who come to him will take his words or his actions in the same way as he does himself. The late Dr. Temple once said that grilled steak might be good for a healthy man, but it would be poison to give it to a man suffering badly from typhoid. In the same way the religious approach may be helpful and necessary to those suffering from some diseases, but it can be poison to those whose faulty religious attitude is at the root of the disorder.

Nevertheless, co-operation should not be impossible between those capable of tackling the difficult task of breaking down a faulty religious attitude to life and those who are capable of helping those who need a more specifically religious approach. Rather it seems to be imperative, judging by the number of cases which cannot be reached by either method in isolation. There is great need for much fuller co-operation between doctors and clergy than is at present in practice. This would make for a modification of religious claims in closer accord with reality, which would help to prevent nervous disorder and would simultaneously extend the range of practical psychotherapy. If our reason—the

balance of our mental and emotional life which issues in healthy and effective adaptation to our environment—is the expression of the mind of God in us, then the loss of balance which issues in maladaptation and maladjustment to life is the direct concern of both religious and medical men. (This must not be taken to imply that medical men may not be religious too, but that their work lies along the specifically religious or medical lines respectively.) As has been stressed throughout, the sphere of disorders of personality is a meeting point between religion and science, and *neither approach alone will solve the problem permanently*; though, within limits, each may alleviate it in particular cases. There can, however, be no *permanent* solution of mental conflict with religion and psychology in opposite camps. We must learn to understand each other if we are to help those who need our help.

It is not enough today for the religious-minded to say, "We have the spirit and God is working through us," and to ignore his work through psychiatrists and psychotherapists.

There is a diversity of gifts, but the same spirit. It is no good sitting down in front of bad drains and praying about them: we have to get up and clean them out if we wish to check epidemics spread through faulty sanitation. So, if the drains of personality are blocked, if we have failed to learn how to dispose of the emotional rubbish, the psychotherapist gets down to the unpleasant job of cleaning them out, meeting as he does so the accumulation of the sins and vices of untold generations, which have been subterraneously blocking the free flow of spirit.

It is most important that spiritual healing movements within the churches should avail themselves of such knowledge as even now is available, or instead of being free chan-

nels for God to work through, they will block the way by thinking they do God service along lines that take us further from reality instead of bringing us into closer touch with it.

There are some types of mental and nervous disorder wherein we can now apply psychological principles intelligently, and with reasonable confidence in achieving a considerable measure of success. The extension of such understanding to the deeper disturbances involved in the various forms of insanity must follow if the spiritual healing movement is to play its part in the prevention as well as the cure of mental disease in which the disorder of function is expressed in disorder of mind.

One of the best illustrations I know, of the value of psychological insight, is given by Dr. Culpin in his *Recent Advances in the Treatment of the Psycho-neuroses*. He said how greatly he was impressed by the quiet assurance with which Dr. Yellowlees said he would demonstrate upon one of the deaf-mutes whom he *expected* to find within a convoy of "shell-shock" soldiers. Twenty minutes, he said, would suffice to restore the man's speech and hearing; and, taking the first case that came to hand, he achieved the result well within the estimated time.

The importance of this lies in the fact that he could be sure at least one among a fresh convoy whom he had not seen would be a deaf-mute, and that he could be equally sure of removing the disability, taking the first case that came to hand, not selecting a specially suitable subject.

It is probable that a religious healer could cure a deaf-mute of this type by the laying on of hands or by Unction, if he set about it rightly and made the patient realize cure was possible. But I do not think many would have enough knowledge of the real forces at work in the production and

cure of such symptoms to be able to tackle them as simply, directly, and intelligently as Dr. Yellowlees did in the case just quoted. While to assume uncritically, if the symptom was removed by the laying on of hands, that God had *specially* intervened, would be doing a grave disservice to the patient, as well as to religion.

This is not to decry the Church's ministry of healing. This has much to give that the psychotherapist cannot give. But it is imperative that it should be given in harmony with the *great movement of spirit embodied in modern medical psychology*. Unless this is done, the religious healers will be left behind as were the theologians who refused to accept Galileo's discovery.

This brings us to a consideration of the place of responsibility in psychological and spiritual healing. The question emerged very clearly at a conference on the subject some years ago at Watermillock. A doctor who is doing very real spiritual work himself asked who takes the responsibility if the laying on of hands or Unction does not achieve the desired result. He said that if a doctor applies treatment he does take a measure of responsibility. The spiritual healer, on the other hand, seems either to blame the patient, saying he or she has not enough faith, or to throw the responsibility on to God, saying as one priest put it "God sometimes says 'No.' " *That will not do.* There is not a trace in Christ's ministry of anything of the kind. When the father brought the epileptic boy to him after the disciples had failed to cure him, Christ did not say either that the boy or his father had not had enough faith, or that God did not will it. He told the disciples it was because of *their* little faith, and thus threw the responsibility for failure on to them, and *proved* the rightness of this by curing the boy.

The recognition of this at the conference at Watermillock was a real advance the recognition that the *agent* in spiritual healing must be prepared to accept responsibility in the same way that a doctor does In either case the real healing is of God, but within our limits we are responsible, as many realize in intercessory prayer. The spiritual healer should be prepared to take a measure of responsibility for the *effect* of his treatment, and should apply his methods and draw upon the resources of the churches intelligently It is desirable to recognize when confession is advisable first, and when helping an individual to face up to his own mental conflicts is essential to cure The priest has to use his own discretion in giving absolution, and in the same way he must learn to use sacramental means of healing with equal discrimination It is also inadvisable to allow the patient to make a confession to one priest and anointing or the laying on of hands to be done by another, who is often supposed to have some "charismatic gift" The man who takes the responsibility for using specific therapeutical sacraments should be the one to know *at first hand* the special problems and difficulties of the individual It is not enough that *some* priest has given absolution, while the other anoints for the healing of the body, without knowing whether there is any connection between the patient's moral difficulties and his illness

What has been said here obviously applies particularly to the communion to which the author is devoted In other spiritual communions in Britain and America, the practice of confession, absolution, and the specific use of therapeutic sacraments is replaced by other processes of spiritual communication which, to those fellow communicants, are equally meaningful For instance, in the highly informal and non-liturgical groups of America, I am told, the practice of pas-

toral visitation has exceptional meaning to the sick person, taking the place of much that often goes into the regular contact of a priest with people in the confessional.

But in the author's own observation, it has been evident that there are many cases where the appeal to the priest for sacramental help is a *way of escape* from the effort to face up to the actual situation, and every priest who is willing to minister in this way should learn how to recognize such and lead the individual to face either such physical or psychological treatment as may be indicated, or help the individual to face up to the actual difficulties from which he or she is running away. One case illustrated this very well. The woman had been physically incapacitated, unconsciously taking this as the easiest way out of difficult circumstances. When the symptoms proved distressing, she sought help via anointing. Here she made a confession to one priest and another anointed her without knowing anything of her personal life or circumstances. She was not healed physically, but was thought to have been healed spiritually, as she became so sweetly resigned to the life of invalidism, with others to wait on her, instead of tackling the job at which she had broken down. A friend who suspected all was not well asked me to see her, and it was soon obvious that her "peace" was spurious, and the result of dissociating from all her real problems, and letting the burden fall on the rest of the family. It was not possible for me to undertake actual treatment, as I was traveling round too much at the time. But I asked a psychologically trained priest to see what he could do to help her to gain insight into the fact that she had produced the symptoms unconsciously as a way of escape from life's difficulties and help her to find a better way of meeting them than that. Within two months she was on her feet again, instead of be-

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ing a lifelong invalid, "spiritually" healed but one of the cases where "God had said 'No'" physically. Like the example of the epileptic boy whom Christ healed when the disciples could not do so, this woman's real cure with psychological treatment which gave her real spiritual insight, as well as the courage to tackle a difficult job again, showed *the barrier to healing was on the part of the two priests* who had been so satisfied with bringing "peace" even while leaving her in bed. The process of cure involved breaking up the *spurious* peace, leading her through real spiritual suffering to a deeper insight and an ability to get up and tackle a real job of work. She was a very different woman when some months later she turned up at a lecture I was giving many miles from where she lived, to thank me for having put her in touch with the priest who had helped her not only on to her physical feet but on to the road of life again.

This brings out a factor of great importance, the necessity for recognizing diseases of psychogenic origin, that is to say, diseases which arise through the inability of the persons concerned to adapt themselves satisfactorily to life. Cure by *Unction* or the laying on of hands in these cases, while it may, and frequently does, give startling and dramatic results, may leave the sufferer spiritually in an even worse case, believing himself or herself so specially blessed by God that the egoism so frequently at the base of this type of disorder is strengthened, instead of cured. *The point cannot be overstressed at present.* The danger of loss of mental balance following the application of so-called spiritual healing is very real. *There must be intelligent insight* into the mental, moral, and spiritual state of the patient if spiritual healing is to be effective in the real sense of restoring true health of *spirit* in right relation to the divine in which our human spirits are

rooted The cure of symptoms by suggestion in a psychiatrist's consulting room, when it is neither expedient nor possible to give a radical treatment which would issue in insight, does not have the same adverse effect as removing it via the belief that God has directly intervened, "magically" rather than intelligently It is difficult to avoid a "holier than thou" attitude when this happens without real insight and penitence.

The importance of the spiritual factor in treating disease within the last century in Europe and America has increased enormously Christian Science, spiritual healing within the churches, and psychotherapy are all symptomatic of the recognition of the *importance of the life of mind and spirit for health of body* The study and application of suggestion is a two-edged tool And unless it is wisely applied it may encourage and develop the lower human capacities instead of strengthening the higher ones, which involve reason, conscience, and faith

Suggestion is morally neutral—a good or a bad suggestion may be accepted uncritically, whereas faith and reason involve a measure of genuine insight and imply contact with reality One of the unfortunate complications in spiritual healing is that so often the invisible barrier that prevents our free access to God and his to us is due to a false conception of religion itself It would make a very great difference if religion was more concerned with *discovery and progress in spiritual life* instead of on the defensive, and could welcome *the new levels of truth opened up by the insight of prophets without first stoning them, or letting them starve*, and only accepting their message when they are dead

We realize that the child recapitulates the racial history in its development toward the adult level For example, if primitive man had not had a great store of physical courage and

an impulse to fight for his life, man would never have survived on the earth. So the boy of twelve who cannot enjoy a good fight and who does not revel in Fenimore Cooper or equivalent stories will not usually make a strong character in later life. But the man of thirty who has not learned to sublimate his propensity for fighting is undeveloped, and causes much trouble, fighting consciously or unconsciously against all efforts to achieve international peace. He has never realized the immense courage of the Christ who refused to take the sword against his enemies, yet whose influence remains when the Jews who crucified him are scattered throughout the world and the might of the Roman Empire has long been broken.

We do not always realize equally that each individual has to recapitulate in some measure the religious development of the race, or that it is as possible to fail to grow up religiously and to remain on an infantile level as it is to fixate on what should be a transitory phase in development along the lines of instinct. Nor do we always realize that much of the religious 'fuss,' excessive devotion, or overemphasis is the sign of an *undeveloped* religion, very different from the calm confident maturity of Christ, who did not fulfill the ideal of what religious people *thought* was the religious ideal—hence his crucifixion by the organized religion of the day.

We must never forget that our Christianity is not only 'Christian' but religious, and unless we make our religion truly Christian, *the more religious we are the more harm we will do*. The psychiatrist finds again and again that faulty religious development is at the root of many of the illnesses for which his help is sought. He has then to face the distressing business of breaking down the only religion the individual possesses with all the suffering that entails, before any

healing based on *a sound religious response to reality can follow*. There is more "spiritual healing" involved in this than in removing pain or even curing organic disease by faith. Yet it is this kind of work which psychiatrists find it very difficult to get the clergy to undertake. Jung is not the only one to appeal for co operation, and those who are definitely interested in spiritual healing have a splendid opportunity before them. But it demands first casting out the beam of infantile reactions of their own which are mixed up with more Christian ones, before being able to see how to remove the mote out of their brother's eye.

It is imperative to free the religious approach from *magical substitutes for understanding*, and to ensure a sound training for any who wish to develop more adequately the Church's ministry of healing. The idea put forward in *Religion and Psychotherapy*, of the necessity for getting some selected medical training for those qualified religiously and psychologically, to correspond to the selected psychological training for medical men, will have to come sooner or later. *It would come much sooner if a body of clergy realized the necessity and took the question up with some one of the big medical schools*. These things have actually happened at the Texas Medical Center in Houston, Texas. The administration and medical staff took the initiative toward the local clergy and asked that an Institute of Religion be established. This was accomplished in the spring of 1955, and a program of teaching of ministers, doctors, and nurses has been established to approach the problems of religion and health from the service, education, and research points of vantage. As was pointed out in *Religion and Psychotherapy*, the difficulty of discriminating between disease caused by disorders of personality and those due to organic disease of the nervous sys-

tem or endocrine disturbances, without adequate knowledge of the way in which the levels of mind, of which we are normally unaware, work and influence well-being and character, makes some such training necessary if true spiritual healing is to be effected, and infantile attitudes and reactions be outgrown

It is the result of our falling so far below the level of life in Christ that psychiatrists find it difficult to recognize or accept the full significance of the Incarnation. It is because we try so often to emphasize the spirit of Christ, instead of the *fullness of the humanity* in and through which alone it was manifested, that we lack the power to heal as he did, with genuine insight into the tangled web of human motives, desires, sins, complexes, and ideals. There is great need today for co operation between those brave men who have dared to strip themselves of many illusions, risking the loss of their own faith in their search for truth and in their attempt to meet the needs of their patients along the lines of medical psychology, and those who are attempting to organize methods of healing within the churches.

If these can join forces, learning from each other, the foundation may be laid for the co operation between scientific and religious workers which will have far-reaching results throughout our whole civilization and, through it, throughout the world. The opportunity is there, the forces of spirit have converged upon a common task, which challenges us to tackle it together, and again I stress the word *together*. Psychiatrists can only take their patients so far living out the new level of reality thus made possible needs fellowship, and many patients when they leave the consulting room find it difficult to express their worship amidst the corporate anachronisms still maintained within the churches.

Many of the possibilities opened out by clearing out the mental and emotional rubbish by the psychotherapist cannot be realized until the churches have cleared out their drains too. A faulty religious attitude plays such a large part in the production of mental and nervous disorders that this clearing out of the emotional drains of the churches is probably one of the biggest contributions that can be made toward the mental and spiritual health of its members, who tend to be "fixated" on the wrong level in proportion to their sincerity in submitting to their disciplines. *The Frontier* points out that the differences and problems now facing the churches no longer correspond to the denominational divisions. The great ecumenical movement of the times is another indication that the spirit is stirring *within* the churches as well as outside, toward a more comprehensive and united expression of the Christian faith. If we can let go the more primitive elements associated with religion, and grow toward the maturity of the religion of Christ, then through all the present turmoil and stress, a new and more effective instrument of the spirit will be forged.

This may all seem to some to be ignoring the "gift of healing" that some spiritual healers claim to apply. But it is only asking for the development of any such powers of reaching and helping others in harmony with a branch of science that, new as it is, opens up a wealth of understanding and possibilities for the *prevention* as well as the cure of disease on a large scale if we can co-operate. Only thus can the *influx of spirit through human personality*, which is at the basis of spiritual healing, be harnessed in harmony with the growing mind of man as it grapples with reality, and so brings true healing of body, mind, and spirit.

Though I am convinced by personal experience of the

reality of hidden reserves within humanity, *only released in contact with the divine ground of our being*, which is the basis of spiritual healing in the sense used by the Church, it seems imperative that this should be brought into relation with the *scientific methods of tapping God's infinite resources*.

The scientific methods seek to eliminate the personal factor which is essential to the religious approach. Nevertheless, the common factor here is the immense personal control essential to apply scientific principles independently of personal predilection or desire, and the consecration of personality essential to the right religious response to God. When we can thus see the harmony of the forces of spirit expressed in *both* the religious and the scientific activities of man, we have bridged a gulf that otherwise tends to yawn disastrously between them, and are not far from the kingdom of God.

This is not the concern of doctors and clergy only, but also of parents and teachers. Much by way of *prevention* of disease depends upon helping the growing child to grow rightly from the start.

The emphasis on a sound religious development and the challenge to the weakness of our faith presented by the prevalence of mental and nervous disorders indicates that if sound religious sentiments could be developed during school days, a great deal of subsequent nervous disorder and great mental distress would be prevented. Teachers here have a much greater responsibility than is often realized. *Children learn far more from the real beliefs and actions of teachers than from any set lessons.*

Where there is an atmosphere of skepticism, where religion is ignored by the staff, children are being robbed of a very great help toward their own adjustment to life, and many will suffer afterwards in consequence. Where God is a

living reality to the teacher it is easier for Him to win the right response from children, and for the change through adolescence to a measure of autonomy and moral responsibility to be effected rightly.

If religion is a unifying constructive force in our own lives, it will invariably help other, less mature individuals, children or adult, to grow up normally. If our religion is a way of escape from life, if it becomes a substitute for the effort of everyday life and we measure our progress by ability to spend much time on our knees, instead of by the practical *fruit* of prayer in genuine service, we shall not only not help those around us, but will raise a positive barrier between God and those entrusted to our care.

Such religiosity is far worse than honest skepticism. Genuine though our religion may be in early years in the best environment, there yet comes a time for most thoughtful people when they question the *form* in which their faith has been expressed. If we have a good start, there is no need to worry unduly. The reality of our spiritual life is stirring and forcing us to make an intellectual as well as an emotional response. If we have the courage to face our doubts squarely, in time we find that a new and deeper understanding of our faith becomes possible. If we have had a bad start, either with parents who "overemphasized" their religion and forced the pace of our development, or with parents openly irreligious, there will be greater difficulties when we do awaken to the wonder of the universe and begin to think things out for ourselves.

In the same way the influence of teachers helps or hinders the true development of the child-mind. Sometimes they have to counteract bad home influences, either that of excessive piety, or of indifference or even antagonism to religion. Some-

reality of hidden reserves within humanity, *only released in contact with the divine ground of our being*, which is the basis of spiritual healing in the sense used by the Church, it seems imperative that this should be brought into relation with the *scientific methods of tapping God's infinite resources*.

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living reality to the teacher it is easier for Him to win the right response from children, and for the change through adolescence to a measure of autonomy and moral responsibility to be effected rightly.

If religion is a unifying constructive force in our own lives, it will invariably help other, less mature individuals, children or adult, to grow up normally. If our religion is a way of escape from life, if it becomes a substitute for the effort of everyday life and we measure our progress by ability to spend much time on our knees, instead of by the practical *fruit* of prayer in genuine service, we shall not only not help those around us, but will raise a positive barrier between God and those entrusted to our care.

Such religiosity is far worse than honest skepticism. Genuine though our religion may be in early years in the best environment, there yet comes a time for most thoughtful people when they question the *form* in which their faith has been expressed. If we have a good start, there is no need to worry unduly. The reality of our spiritual life is stirring and forcing us to make an intellectual as well as an emotional response. If we have the courage to face our doubts squarely, in time we find that a new and deeper understanding of our faith becomes possible. If we have had a bad start, either with parents who "overemphasized" their religion and forced the pace of our development, or with parents openly irreligious, there will be greater difficulties when we do awaken to the wonder of the universe and begin to think things out for ourselves.

In the same way the influence of teachers helps or hinders the true development of the child-mind. Sometimes they have to counteract bad home influences, either that of excessive piety, or of indifference or even antagonism to religion. Some-

reality of hidden reserves within humanity, *only released in contact with the divine ground of our being*, which is the basis of spiritual healing in the sense used by the Church, it seems imperative that this should be brought into relation with the *scientific methods of tapping God's infinite resources*.

The scientific methods seek to eliminate the personal factor which is essential to the religious approach. Nevertheless, the common factor here is the immense personal control essential to apply scientific principles independently of personal predilection or desire, and the consecration of personality essential to the right religious response to God. When we can thus see the harmony of the forces of spirit expressed in *both* the religious and the scientific activities of man, we have bridged a gulf that otherwise tends to yawn disastrously between them, and are not far from the kingdom of God.

This is not the concern of doctors and clergy only, but also of parents and teachers. Much by way of *prevention* of disease depends upon helping the growing child to grow rightly from the start.

The emphasis on a sound religious development and the challenge to the weakness of our faith presented by the prevalence of mental and nervous disorders indicates that if sound religious sentiments could be developed during school days, a great deal of subsequent nervous disorder and great mental distress would be prevented. Teachers here have a much greater responsibility than is often realized. *Children learn far more from the real beliefs and actions of teachers than from any set lessons*.

Where there is an atmosphere of skepticism, where religion is ignored by the staff, children are being robbed of a very great help toward their own adjustment to life, and many will suffer afterwards in consequence. Where God is a

times difficulties may arise even in deeply religious homes. For example, a well-known dignitary of the Church was once trying to teach his small son to say the Lord's Prayer. He took him on his knee and told him that "our Father" meant that God was very good and kind. The small boy at once said, "I don't think God is very good and kind when he cuts people's heads off." The poor father was puzzled as to what the child meant by God cutting off people's heads. At last he discovered how the misconception had arisen. During the previous year, when the boy was only two years old, he had then been living in a vicarage which overlooked the churchyard. The boy had asked his nurse what was in those funny boxes (coffins) and she had told him they were people's bodies and God had taken their souls to heaven. The small boy's only idea of anything other than a body was a head, so he had pictured God as cutting off all their heads, and naturally did not think this a kind God at all. Such a misconception, if it had not been brought to light then, might have made him very resistant to all religious teaching later, without his remembering how it came about. Such childish misconceptions of God very often do give rise to a bias against religion, and a little insight into them in the child mind can help to prepare the way for more adequate ones.

As we know only too well, it is not easy to be sure the child takes a word in the same sense in which we use it. I remember as a child for some years taking "sheep's eyes" literally whenever I read of the shepherd boy throwing sheep's eyes at the princess in the fairy stories, since I knew one meaning of the word it did not dawn on me to ask for another, I merely thought what an unpleasant and disgusting thing it was to do.

In helping a child to a true conception of God, as far as his

understanding can go, it is far more important to have a genuine "attitude of active trustfulness," which is the Dean of St. Paul's definition of faith, than to be full of technically correct knowledge of the Scriptures which may never be brought into relation to everyday life. If our own attitude is right, there is room for much divergence in detail, and many doubts on our part, without this damaging the growing trust of the child in God.

This will be damaged far more by not facing doubts as they arise and thus becoming insincere. The psychological maturity of Christ was mentioned, and the poise and balance which expressed it. There are stages in growth, and no one wins through to the maturity of tested faith without having to wrestle with doubt, just as no one becomes genuinely humble without having to wrestle with pride.

Our infantile and childish conceptions of God have to develop into an adult response. Many grown people still base their prayers on ones they lisped in childhood and never realize the wonder of increasing knowledge of God as the life of prayer develops. We like children to respond with trust and affection to us, but we also welcome signs of growing independence. We should not be content, as parents or teachers, if John still expected us to wash and dress him as he grew up, much as we may enjoy bathing "baby." So it is no joy to God if we mumble prayers that were spontaneous and appropriate in childhood, when we ought to be growing in some measure of understanding and the spontaneous worship that is evoked by it. We train long and arduously to enable us to earn a living, but how many train to make life worth living by an ever deepening fellowship with God? Someone not long ago said we all seemed to be too taken up with earning a living to find time to live.

The secret of Christ's maturity and capacity for life lay in his fellowship with God. Prayer was a vital necessity to him, and those who seek to follow him, either in teaching, or healing, or in any other honest calling in life, find it essential to them also.

Where there is a genuine sense of communion with God, we can help to bring others closer into that fellowship, not so much by what we actually say and do, but by what in Christ *we are*.

Teachers can have no greater privilege in the midst of preparing children to play their part in life than that of helping them to grow in right relationship to the Unseen Ground of all existence whom Christ called Father—his Father and our Father. In so doing they are playing their part in the prevention of disease and carrying on Christ's work of bringing life and bringing it more abundantly.¹

¹ Two chapters in the present writer's book *Life, Faith and Prayer* (Allen and Unwin) give practical help in the development of a growing communion with God through prayer, and some of the conditions for effective prayer.

CHAPTER 3

Psychotherapy and Spiritual Direction

Some time ago I was trying to teach a well-known dignitary of the Church how to paddle a canoe, using a single-bladed paddle. He first zigzagged from one bank to the other as his one-sided forward strokes sent the canoe diagonally, until, but for assistance, he would have been into the bank. I suggested that this was rather like Church history: moving in one direction until brought up by the bank of opposition, then having to set off at right angles to its original course until another limit reversed the procedure, yet by this zigzagging course it was, nevertheless, slowly getting upstream. I then took the paddle and showed the Dean how by a backward twist at the end of each stroke he could counteract the one-sided effect and keep in midstream. Later I showed him how to keep the paddle under water all the time turning the

blade sideways to bring it back through the water, after giving the twist to keep it straight. Then by a misjudgment of the angle at which the blade should be turned, he almost upset the canoe!

The whole process seemed to be a parallel which could be applied to individuals as well as communities. Our first attempt at living, guided by our own one-sided desires, brings us into conflict with society and we find we are considered naughty, criminal, or sinful, and in some way up against a reality that, like the river bank, resists us. We change our course to one at right angles to it, only to find ere long we have run into another limitation—our right-angled compensation, unconsciously effected, has been just as one-sided. Then we may see someone paddling in midstream, seeming to have some way of expressing himself without coming into collision with others, and we may see if we can learn from him or her how to steer our own lives more effectively.

Psychotherapy and spiritual direction are both aids to this. Which we seek depends on whether we have run into the bank the world calls sin, or into that called disease. They both have a good deal in common in spite of the differences which were indicated earlier in this book.

Our first awareness of "misbehavior" or of "disease" comes through a conflict between the straightforward expression of our own desires and the accepted standards of the family or community within which they are expressed. We then find that something more than free obedience to the impulse of the moment is necessary if we are to be happy. *Control of some sort is essential to a healthy life.* So we try to find out how others manage, we learn from Mummy and Daddy, because we cannot bear the sense of isolation that comes when we feel we have displeased them. Unfortunately, not all par-

ents are able to steer *themselves* adequately, and a child first praised and then blamed for the same thing can find no consistent standard, no way of learning to adapt himself to a way of life reliable for all. Later he may find himself in need of more expert help to counteract not only his own egocentricity, but the disintegrating effect of maladjusted parents, who may also be paying for the "sins, negligences, or ignorances" of their own parents or teachers.

Let us now jump many steps and compare the methods of psychotherapy and spiritual direction, and see if they can help the "normal" or average person, as well as those who have succumbed to the various forms of mental or nervous disorder.

Confession, at first at least, is still very largely on the level of running into the bank; we confess something which convicts us of sin; we are blind to that in us which led us astray, which is still, nevertheless, *in us*. If the clergyman or friend to whom we make our confession is wise and experienced, however, we shall find in time we become aware of far more "wrong" in us than was at first realized. We may seem to be always running into the bank, always failing—like one woman who said, "I do try so hard and I do manage so badly."

Here we find a growing insight which cannot be met by confession only: *a bias that is not amenable to direct effort, since our own efforts only fix us more securely in the narrow circle of our own self-righteousness or our own self-depreciation*. Education and training are needed to help us to acquire skill in utilizing our inner forces harmoniously. Spiritual direction, in addition to absolution, developed to meet this need for some knowledge of the laws of spiritual health and harmony, garnered through the ages by those who have *entered deeply into the troubles of life and found the way to a deeper*

peace through the resolution of their own conflicts. Any priest may give absolution, but not all priests can help a soul to find its own true line of development. Many have still too many blind spots of their own and these are dangerous in proportion to the sincerity of the penitent who comes to learn from them.

Some forms of psychological analysis may help an individual to true self-knowledge, through which he can realize directly the bias that, just because he is himself and no other, accompanies every forward movement. Then, like the man in the canoe who has learned to counteract the one-sidedness of his stroke, he can make allowance for his own bias, and through the effort of inner adjustment, unseen yet real, he seems to steer a direct course with ease. *Only he knows the continuous unremitting effort to keep aware of his own bias running through his activities.* It is only as we take up the responsibility for being less good than we should like to think we are that we can actualize the reality of such limited goodness as is possible to us at any particular stage of our growth. Too big a gap between our ideal of what we think we ought to be and our practice means we are somewhere blind to our real capabilities and our real limitations. In so many confessions there is a terrible hurt pride—how could we have behaved or felt so: which indicates we are far from self-knowledge essential to true penitence, and further progress.

There are many ways of coming to grips with the inner realities of the self. All forms of meditation and spiritual exercise aim at evoking a measure of contrast between the good we desire and our own state. But often these fail, because the good we contemplate is too alien to us, and never really touches the live nerve that is stung into activity by true insight, by seeing where we have failed to be true to *ourselves*.

It is perhaps important to realize that though there is a double approach to healing today, the cleavage is not between doctor and minister, as doctor and minister, but between two approaches, each expressed *both* in medical science and in religious practice. Either type alone is one sided, splitting reality in a distorting way by ignoring an equally important and integral aspect of life.

The materialistic doctor, with increasing faith in technique, in vast laboratory researches, and with his ignoring of psychological and spiritual factors, expresses one type of splitting of reality. On the other hand, Christian Scientists, spiritualists and many other "spiritual healers," while touching another aspect of reality, also fall into a tragic dissociation, repudiating the contribution of the narrowly scientific work, in an erroneous conception of the nature of the spirit.

Psychiatry seems to be striving toward a synthesis of these two approaches, but individually psychiatrists frequently still tend to lean too much toward one or other pole.

The Freudian, with his reductive analysis of phantasies into *mere* projections of infantile desires, cuts himself off from the inspiration that is possible to those open to the deeper experience of the race. He seems to have no real use for prophets and artists. Some Jungians, on the other hand, tend to *overvalue* the phantasy products of our minds, not always discriminating adequately between phantasies expressing *ways of escape from incarnating experience*, and phantasies *which may be constructively foreshadowing a more extensive incarnation in harmony with deep inner realities which may express something of divine purpose*. Nevertheless, in so far as the Jungian tries to discriminate so, he would seem to be in touch with a wider reality than the Freudian.

The problem is not easy. The difference between the Freud-

ian and Jungian attitude to analysis is, for example, comparable to a difference between spiritual healers from the side of religion. Just as the Freudian keeps aloof from his patient, accepting the position of transference but taking care to avoid interaction, relying on technique, so some healers rely on a sacramental approach which they think absolves them from responsibility.

On the other hand, the Jungian analyst allows his *libido* to interact with that of the patient in the deep impersonal or superpersonal levels of the unconscious. As Jung says, he must be able to continue to analyze himself through his patients, as well as analyzing his patients. The personality of the analyst here counts for far more than in the Freudian method. This, too, is paralleled from the religious approach by those who realize the clergyman must use his discretion in the administering of sacramental help and must also, where necessary, be able to enter deeply into the experience of the sufferer if healing is to be effective.

Cures and failures are met in all methods, but as has been pointed out, it is significant that the cleavage is not between doctor and priest or minister, but it occurs within both professions.

The analytical approach may be considered from various angles. Dr. Squires indicates a useful analogy as an illustration of the differences between Freudian, Jungian, and Adlerian analysis, taking an ordinary automobile as its basis:

"Its efficient performance apart from its mechanical soundness will depend upon at least three groups of phenomena. Firstly the use of the controls, accelerator, brakes, signal indicators, screen-wipers, steering-wheel, and the rest. These are easily accessible. Then secondly, proper internal adjustments

in carburettor, gear box, sparking plugs, and so on, which are less accessible. And thirdly, the provision of appropriate motor-spirit.

"The proper use of the controls will be learnt as part of the technique of driving. *Individual Psychology*, the making of internal adjustments as part of the motor mechanic's job. *Psycho-analysis*. The question of motor-spirit may require the help of the chemist and physicist as it may involve an enquiry into the nature of mineral oils, their derivation from archaic sources and the properties of their combustion. *Jungian Psychology*.

'For the practical use of the car little more than the technique of driving and a knowledge of fuelling need be acquired. But what could be got out of any particular car would depend on the skill and experience of the driver and his practical application of it. It would only be in certain instances that internal adjustments would have to be made or a change in the motor-spirit demanded. And with the knowledge that no spare parts were available to replace those of poor material or which became seriously damaged, the importance for the owner to do everything possible to cultivate the art of driving would be increased. *To meet all eventualities a comprehensive knowledge in all three departments would be necessary.* In cases where the bonnet [hood] was sealed, or where the machinery beneath it was regarded as of such complicated structure that no one, not even its maker, had given instructions for its regulation and adjustment, more and more importance would be attached to an enlightened use of the controls.

"For my own part I consider that we of this generation must be profoundly grateful that there have been men of the calibre of Jung and Adler, and especially from my point of

view of Adler, to provide us with not so much alternatives, as additions and correctives to the theories and deductions of Freud.

"I feel that the sum or problem that is set us is not so much to find the highest common factor as the lowest common multiple. . . . *Rather than a correlation I would aim at including all within a single more comprehensive presentation.* Because it seems to me that Adler, Freud and Jung, though all starting with the idea of the regulation of function, are dealing with three different aspects of the problem."

Let us for a moment look at the two types again. In the strictly Freudian procedure the physician does not enter into contact with his patient, keeping personal contacts down to a minimum. It is said that the patient should know as little of the analyst at the end of the procedure as at the beginning, knowing only he is a man who is willing to face unpleasant facts. This way may compare with the attitude toward a priest in confession, in which, at least in the Roman Catholic Church, he is theoretically not even supposed to know who *his penitent is*. During the process of analysis of this type, the patient re-lives and re-faces his infantile past. The analyst maintains that it is only possible for this revision and reorientation to follow if he himself refuses to enter into reality relationships with the patient, in which case he would simply add himself to a long series of father substitutes, becoming in his turn an external authority to which the patient's development was submitted. The patient, once freed from his dependence upon a personal authority in this way, could then begin to develop within a community in ways which are more general and not a mere *repetition* of the family situation.

On the other hand, the Jungian analyst enters very deeply

into the relation with his patient. Jung points out that the phenomenon of transference is inevitable in every fundamental analysis, since it is absolutely imperative that the physician should get into close touch with his patient's path of psychological development. During transference the projections from the patient make possible the apparent relationship, which is very important since it implies a measure of readaptation to be effective. However, once these projections are analyzed back to their origins and dissolved, which would be the *end* of Freudian analysis, the transference and the problem of individual relationships *begin*. Jung points out that this relationship often makes very serious demands upon the personality of the analyst, who has to be able to continue to analyze himself through analyzing his patient, relying upon indications from the treatment, both of his patient and himself, *for corrections to his own attitude*, where these are necessary. Here, he said, the man in the patient confronts the man in the doctor upon equal terms and with the same merciless criticism that he must inevitably learn from the doctor in the course of his treatment. Jung goes on to say that analysis, in his view, makes far higher claims upon the mental and moral nature of the physician than the mere application of a method acquired by routine, and the *development of the healing effect lies primarily in this higher and more personal achievement of the physician*.¹

I should like to quote Dr. B. D. Hendy, as illustrating further the analytic attitude:

"A good analyst should himself be demanding only a few things from his work. First, but not necessarily foremost, a reasonable fee for the time and skill which he puts into it—

¹ Contribution to *Analytical Psychology* by C. G. Jung, p. 293

the hire of which the labourer is worthy Secondly, the increased insight into human personality which every new patient brings, and the enlargement of his own field of experience which follows Thirdly, the gratification, where this is vouchsafed to him, of seeing a fellow human living more effectively, and of knowing that he has gained for humanity, and in the name of God, some victory over the forces of ignorance and chaos These rewards are few in number, but they are adequate The analyst must himself have learned to renounce *without effort*, but by a true inner adjustment, as far as analysis is concerned, all the demands of the child for sympathy and understanding, and all adult wishes of a sensual or power loving kind He must be without dependence or desire for power Furthermore he must purge himself as far as possible, of all pre-conceived ideas, all dogmas, system or creeds, all permanent fixed standards, except those of his own integrity In fact, he must pay the patient the greatest compliment of all, by liking what he sees in him and not what he thinks ought to be there " 2

A further quotation from the same paper may also be helpful

"Redemption is only complete when all the accumulated misunderstandings of previous years are cleared up, and one starts again from scratch with a whole new personality and a living faith in God, ready for anything new that may come Conversion is not an instantaneous process, we surmise that a good deal went on under the surface prior to the conversion of St. Paul I would suggest that St Paul's 'Analysis' continued for the rest of his life and that the Epistles give some record of it, intermingled with the story of the work done by the new man Effective, disinterested work can be done by

² B D Hendy, Analysis and Character

that part of us which is already redeemed, while redemptive work is going on in other departments of the personality. A critical study of St. Paul's writings would no doubt be able to separate out the 'analysed' and 'unanalysed' factors in them."

Such an analysis would be well worth doing. The Christian Church has long suffered from Paul's complexes about women, accepted because of the genuine inspiration felt in what Dr. Hendy would call the analyzed or more mature parts of his work.

It would seem as if psychology and religion meet here. The possible use of analysis as an aid to the development of the spiritual life and not merely for the cure of disease is indicated.

A patient might be set free from infantile complexes by a Freudian analyst and still have very little idea of the possibilities of further development: his, or her, ideal of human nature *might be on too low a level, and self-sufficiency and self-satisfaction might bar the way to further spiritual growth.*

On the other hand, it is true that the Freudian attempt to put an end to an unconscious childish dependence is legitimate. Most of us would like what we think to be the freedom of being "grown-up" without the responsibility and integrity essential. You will remember James and John wanting to be next to Christ. Christ's reply was, "Can ye drink the cup that I drink of, and be baptized with the baptism that I am baptized with?" Could they pay the price of any genuine leadership? This raises the point whether it is an admission of weakness to seek help via analysis or spiritual direction. Much depends on the *motive* with which we seek the help. If we seek it because we have seen others managing their lives

The spirit is challenging the churches to rise to their new opportunities. This would not involve overthrowing the authority of the churches, as some imagine, but a change in the nature of that authority, much as the authority of any individual mother has to change as the child grows up, if any real relationship is to be maintained. A grown-up attitude to "Mother" is as possible as a "mother fixation" on an infantile level, and the same is true of the attitude to "Mother Church."

There is a grave danger in any authoritarian absolution, and many may be less in moral stature through believing they are forgiven when the real trouble has not been dealt with at all, and the *community of purpose essential to reconciliation has not been achieved.* My own experience tends to the view that clergy are inclined to give absolution too frequently. More discretion should be shown, and there are times when the withholding of absolution may help a penitent to face up to some deeper problem than he would ever reach without that challenge. As one padre said during the war, some men in fear of death made a confession because they needed reassuring that having seduced someone else's wife on their last leave did not matter—whereas it did matter—and those who confessed *with that motive*, and survived, were likely to do the same on their next leave.

It is, of course, important here to recognize and separate the judicial activity of the priest in assessing the state of mind of the penitent, from the grace of absolution which is superpersonal when he judges the penitent in a condition to *respond* to it. There is also a danger of confession becoming formal and a real barrier to the life of the spirit. Wise spiritual direction, making use of some of the insight gained through modern psychopathology into the hidden aspects of

ourselves, adequately assimilated to the deep and abiding spiritual realities inherent in the universe of which man is a small but real part, could prevent much of the trouble that arises from the *misuse* of confession

Personally I should be inclined to suggest that for some people, at some phase of their development, confession and wise direction can be of great help. But too implicit a reliance upon it may prevent the development of their individual insight. Where obedience to another is accounted the highest virtue, moral insensitiveness in other directions frequently follows. Like that of a doctor, the best work of the clergyman is to make himself unnecessary. The aim and attitude of any minister giving spiritual counsel, with a view to helping the penitent to grow up able to become independent of him, inevitably differs greatly from that of the minister who aims at keeping the individual in tutelage permanently. The right to private judgment, which is properly treasured, does not mean the right to *uninformed* judgment. Hence the value for many of a period during which a priest or minister with more experience can help to guide their developing spiritual insight, and provide a more balanced background. The dangers of excessive individualism in religion, with the innumerable emotional cults that spring up when the central authority is lost, shows the need for a balance between the corporate and the individual aspects of conscience. But as was stressed in *The Background of Spiritual Healing*,³ there is a great need to distinguish between the pre-scientific and the modern approach, which *cannot* rightly fall back on the less mature insights that were adequate for a *simpler* social structure. In spite of all the difficulties involved, an opening up of the unconscious, which, as Jung stresses, involves intense spir-

³ By the present writer, published by Allen and Unwin

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itual suffering in the individual, *necessitates a revision of earlier moral codes and spiritual disciplines*. Whatever was of permanent value within the old will not be lost, though the form of that which will emerge when the fuller integration of conscious and unconscious factors within a more mature spiritual personality and community cannot be foreseen. But once the realization has come for the need, as Jung put it, to "Christianize the unconscious" if we are to avoid outbreaks such as the Nazi concentration camps within so-called "civilized" communities, there can be no falling back on any authoritarian absolution. There is no escape from our real vocation to extend the range of *effective* Christianity into the deeper levels of the self.

A simple example may be given of the way in which dream analysis can be used helpfully by clergy who have gone deeply enough into their own experience to use it wisely:

A working-class boy came to the vicar of his parish in great distress, saying he had fallen in love with a really decent girl, and because of his previous loose living felt he would never be able to tell her of it or come into touch with her. After a little discussion the vicar suggested he should go home and dream about it, and come back and tell him the dream. A day or two later, the boy came and reported that he had dreamt he was going through a narrow lane with very high walls, at the far end of which was also a high obstacle which he would have to climb to reach the girl whom he could see in the field beyond. The vicar, who was a Jungian, not a Freudian, was able to point out that this indicated that by following this lonely track, cutting himself off from his old undesirable associations, he would eventually be able to get rid of them and be able to make contact with the girl. He then sent him home

to dream again. A few days later he returned to report a dream in which he was trying to play football in four feet of mud, and a big bully was trying to push him right down into it. However, he managed to get free and went to the corner of the field and tried to scrape the mud off his knees.

His association with muddy knees was that, as a small boy, if he got up late in the morning he did not wash his knees and felt all day that people would be looking at them. The vicar was able to show him through this dream that he *was* really breaking free from the mire of his old attitude and associations, that he had thrown off the force that was pushing him farther into the mud, and was trying to clean himself up. He was, therefore, able to give him genuine encouragement to go ahead with the real hope before long of being able to ask the girl to be his wife.

If this could happen with an ordinary working-class boy, it indicates the value of being able to use material in such a way. The boy knew nothing of modern psychology or the various theories of dream analysis, and though the Freudian symbolism is also obvious and relevant, the "prospective" teleological interpretation of a Jungian did indicate that the *love for the girl was genuine enough and deep enough to be exercising a regenerating effect on the deeper levels of the unconscious* which would eventually make an active expression of his love for the girl possible, without inhibitions from *repressed* sexual elements coming in to spoil it, as they do with so many who "sow their wild oats" before they meet someone whom they respect too much to want apart from marriage and a sharing of the whole of life.

The relation between dreams and visions is thus relevant to the work of the spiritual director. Though many people may

have no visions, others will report them, sometimes timidly, sometimes proudly, and it is important to know how to assimilate these uprushes from the deeper levels of the unconscious to everyday life. For some, at certain stages, wise spiritual direction may make all the difference between retaining or losing their sanity. It is not true to say as one clergyman did, that "visions are of the devil" or to think them due to sinful pride. I don't know how on that view he would interpret Peter's vision in which "he beholdeth the heaven opened and a certain vessel descending as it were a great sheet, let down by four corners upon the earth: wherein were all manner of four-footed beasts and creeping things of the earth and fowls of the heaven. And there came a voice to him 'Rise, Peter, kill and eat.' But Peter said, 'Not so, Lord, for I have never eaten anything that is common and unclean.' And a voice came unto him the second time 'What God hath cleansed, make thou not common.' And this was done thrice and straightway the vessel was received up into heaven" (Acts 10:11-15).

The sequel to this, with Peter's realization that God was no respecter of persons, when Cornelius, a Gentile, had also been instructed in a vision to send for him, is well known.

Here God is taken to be the inspirer of the vision, not the devil, and it would seem wiser to accept dream and vision as *morally neutral*, so to speak, able to express both good and evil, and seek to find their true significance *for the dreamer*. There is a stage when some of the deeper racial experiences may be projected in symbolic form and the attitude of the ego to this is of the utmost importance. The Book of Revelation is full of these, which have not yet been adequately interpreted or evaluated. The process of sifting impulses coming with the givenness of unconscious process, if divine guid-

ance is to be achieved, is not easy, nor are there any short cuts. Self-knowledge, revealing our own distortions of the inspiration coming from deeper levels of the self at its point of contact with the divine, is an essential factor in discerning guidance relevant to the objective situations, and *true self-knowledge is progressive*. It is fatal to rely upon the insight of ten or twenty years ago, either personally or psychologically. The various "schools" of psychological analysis have all developed considerably during the last twenty years and may be expected to develop still further as the more integral approach to life necessitated by awareness of the close and reciprocal interaction between conscious and unconscious factors, *personally and communally*, becomes more widespread. Past, present, and future are *dynamically* linked within human personality and we are continually building into our pasts the abiding dispositions that can modify our future, which also has within it fresh possibilities as fresh circumstances demand fresh attitudes and reactions.

The different emphasis on past, present, and future in the sphere of religion is also obvious. For some, the whole focus of religious life is in the past and all energies are expended in maintaining the tradition of the elders. For others, the immediacy of the moment is supreme, and there are many dangers if "guidance" in concrete instances in the present is accepted uncritically on too narrow a basis, instead of falling within the whole range of spirit. For others, the golden age is so far behind that they project it completely into another world and so lose the power of growth and development in this one.

The dynamism of the Holy Spirit continuous with the historic past, and expressed in the present as a drive toward the future, alone unites all these aspects in genuine creative ex-

perience Dr Matthews once said all true self-consciousness was accompanied by God-consciousness. Insight on the part of any self into the objective demands of a situation involves a dynamic apprehension of the *directive tendencies from the past to the future*. Ways of escape from reality by repression, dissociation, fixation, or regression, all involve a *falsification* of self-consciousness and prevent insight.

True self consciousness is based upon a recognition of both inner and outer realities. This is very different from the identification of the super ego (with its compulsive control) with the divine, which psychologists *rightly* reject. The Jungian recognition that God is at least as much involved in our experience as we are seems to fulfill the demands of religious experience more adequately than humanism. But the recognition that the concrete individual, in his wholeness and integrity, is more expressive of the divine than any idealized and therefore partially dissociated element in experience is a real contribution, in full harmony with the historical Incarnation. As a Gentile once said, 'God had to be very man to be Very God.'

God can work through such a focus of self consciousness *directly*, because there is no distortion of inner experience to suit egocentric desires or evaluations, and an equally direct appreciation of the *relevant* elements in the external situation. The Chinese referred to this as being 'in Tao.' Paul referred to it as 'being in Christ.'

It was pointed out by the present writer, in *The Guardian* (June 9, 1950), that 'there are those who are sensitive to the demands of the Spirit for a still more adequate social order than at present exists, and *their conflicts tend to be between this inner creative urge towards a wider range of community and the existing social order*. Spiritual direction or

psychological analysis in such cases, by helping such individuals to resolve this tension *creatively*, may actually enable the general average of the race to be raised. It is important to realise that tension can arise in this way both *above* and *below* the general social average. Prophets, reformers and criminals are often imprisoned side by side as disturbers of the peace."

Dr. Shephard, in *The Eternity of Time*, also points out that "if the individual realises his eternal goal and strives towards it, he will *foreshadow* the way to be followed by the race, as individuals must reach it before the mass. Any such, tend to become leaders in some form, teaching others to follow the way that has led them to fuller life."

Moreover, in *Nature, Man and God*, Dr. Temple indicates that development in religion and the quality of life comes in two ways, by religious experience and philosophical reflection. "Each," he says, "is chiefly a contribution of *individuals*. The religious experience of a multitude—whether Church or nation or group—is almost certain to conform closely to an already prevalent tradition, which, in the case of Church or group, is actually constitutive of the common life. This may be of supreme value in strengthening faith or in evolving zeal to live conformably with faith: but it will contribute little to the purgation or the expansion of faith. This must come through *individuals, whose activity will at first render them suspect to all who are content with the tradition*" (p. 337) [*italics mine*]. He also stresses that revelation is not something capable of being stated in formulae. "It is the living apprehension of the divine will in living intercourse of the human spirit with the divine."

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"But all this does not mean that revelation has no authority, or that in religion authority is altogether out of place. On the contrary, consciousness of authority and submission to it

is the very heart of true religion. It is because of this that religious history is so full of tragic submission to authority of the wrong kind, and of consequent reactions in which men try to practise religions apart from authority and fall into every variety of phantasy" (p. 343). He goes on "The essence of spirituality is freedom. Consequently the essential principle of spiritual authority is the evocation by God of appreciation of itself, for only when this occurs is authority exercised over the spirit (p. 345). . . . Here we come back to the truly spiritual realm of personal intercourse, but in so doing we leave behind the possibility of infallible guidance. The Christian will believe that he has an infallible authority in the Mind of Christ, but he should also know that he has no infallible means of ascertaining this in application to given circumstances. There always remains necessity for private judgment either upon the matter under consideration, or else by reference of the decision to an authority known to be fallible. Infallible direction for practical action is not to be had either from Bible or Church or Pope or by individual communing with God, and this is not through any failure of a wise and loving God to supply it, but because in whatever degree reliance upon such infallible direction comes in, spirituality goes out. *Intelligent and responsible judgment is the privilege and burden of spirit or personality*' (p. 353) [italics mine]

It seemed worth while quoting this from the work of the late Archbishop, in view of what may otherwise be thought to be too depreciative a view of the Church itself. It is as a member of the Church that such criticisms of its failure, immaturities, or bondage to tradition are made, in response to the impact on mind and spirit of the newer knowledge relevant to

personality, which necessitates modifying some of the traditional modes of expression. The recognition by the Archbishop that any such fresh insights would tend to be suspect to all who are content with the tradition, and yet that through them development must come, is a real mandate to explore the new and try to correlate it with the old. Some will condemn; others may find hints as to a wider, richer, fuller synthesis between religious and scientific activities through this attempt to build a bridge between them.

The difference of types expressed equally among doctors, clergy, and laity would seem to be examples of Jung's extraverts and introverts. Some time ago in the *British Journal of Medical Psychology*,⁴ I suggested that a new term was needed for the mature individual who had overcome the one-sidedness of introversion or extraversion by developing the opposite function, so that he could introvert or extravert according to the needs of the situation. Extraversion refers to an objective attitude, involving a "fitting in" to a determinate world: the "business man," the physical scientist; or in disease, the "hysteric." Introversion refers to an attitude wherein inner values dominate; mere fitting into an environment is never satisfactory. If necessary, the outer world must be made to conform to our inner requirements. This is the world of poets, prophets, mystics, geniuses. Its typical form of mental disorder is schizophrenia, *dementia praecox*, when the inner world has become a substitute for life, in which inner and outer are both necessary.

I suggested "altroversion" to cover the third, most mature and, as I believe, truly creative type of personality. Here there is full recognition of both inner and outer worlds, with a cor-

⁴ Parts 3 and 4, Vol. IV, 1924.

responding acceptance of the reality of other individuals. Hence the name *altrovert*—turned toward others, instead of the *extravert*, turned outward, or the *introversion* which is turned inward and yet fails to make a true contact with others. Such *altroverts* would be visionaries who really do change the face of the earth because they have first of all been changed themselves, and live from a spiritual center which is creative in proportion as the inner reality of other human beings is accepted and respected, and at the same time the determinate conditions of material existence through which personality has to be expressed are equally accepted.

The great need is for those who are content to be "born again," losing their one-sided strongest function which may be their prison, to gain a new and deeper orientation to life, which, though beginning in weakness and helplessness, has in it the germ of a growth toward a full Christian maturity. The command to love God with all our hearts, mind, and strength, involves the integration of all our inner resources which is the prerequisite for fulfilling the second command to love our neighbor as ourselves.

Hence true spiritual direction and psychotherapy directed toward the fullest development of personality should aim not at a mere fitting into society as it is, but to the developing of the inner resources, introverted or extraverted as the case may be, necessary for the maturing of individuals who by their very nature share in the production of a new community. Such a community would be more inclusive than that expressive of the clash between one-sided individuals, *each with their half-truth to which they must cling until they find its complement in themselves*, after which they can appreciate its reality in their one-time opponents.

Spiritual direction and psychotherapy here go far beyond

the therapeutic aim of "converting" a sinner or "curing" a patient to the average level of life in the existing community. They are, therefore, in harmony with the great upward trend of evolution, which carries forward its racial progress through the individuals of which animal or human species are composed. *The true resolution of individual conflicts enriches the community; since individual problems also express collective maladjustments.*

Neither sin nor disease can ever be self-contained. For good or ill, we are all members one of another. Hence by taking up our responsibility for the evil actual in us through our corporate heritage, we enable this to be modified, thus reducing the uncontrolled bias of the community in the only place where it can be effectively modified—within the life of an individual. It is so much easier to spend our energies fighting evils outside ourselves, to save ourselves from facing the enemy within. But only in so far as we realize the inherent bias in ourselves can we bring our "original sin" within the true sphere of redemptive grace: finding, as the Apostle Paul of old, that where sin did abound, there did grace yet more abound. Projecting our difficulties, our temptations, on to an outer world, we cut ourselves off from that direct contact with the divine spark of life in us, through which our *accepted* weaknesses may become a previously unsuspected source of strength. Whereas the self-satisfaction and self-righteousness that is content to try to convert others, leaving itself unchanged, goes on steadily, though unconsciously, adding to the bias in the world, delaying the fulfillment of the kingdom of God by the very force of its antagonism to evil.

Hatred, malice, and all uncharitableness have their roots in a self-righteousness which ignores our roots in our common humanity. *Reformers, blind to their own need for inner refor-*

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mation, continue to antagonize those whom they seek to reform Whereas those who have found life too difficult, the spiritually maimed, blind, and deaf, come spontaneously to those who have taken up the burden of inner transformation themselves. There they find the secret of creative living in a faith in God great enough to enable us to trust him to work through us as we are, imperfections, immaturities, and even sins included, instead of the feeble faith that can only trust him to work through "good," thus cutting him off from contact with the "real," which includes good and evil.

But there are comparatively few who can "accept" evil in the way which enables it to be transcended in a wider unity without the help of finding their worst is accepted by a fellow being, minister or psychotherapist or friend. The repressions of generations are not broken through lightly, and as Jung points out, the opening up of the unconscious involves intense spiritual suffering. Human sympathy based on a true understanding is probably, at least in the early stages of self-realization, essential, if a despair which might put an end to the process by leading to suicide is to be avoided. Hence the need for spiritual directors and psychotherapists who can inspire hope enough to enable the process of transformation to be begun, until the reality of the process experienced evokes faith enough to enable the individual to rely on God directly and interiorly, thus becoming an effective member of the "communion of saints," wherein distinctions of age, race, and sex are transcended in fellowship within the kingdom of God.

CHAPTER 4

Co-operation between the Medical Profession and the Churches

For many years this problem has cropped up in various forms, with differing opinions about its advisability, its practicability, and the kind of co-operation between doctors and clergy that could make for a fuller ministry to the sick than either profession alone is able to provide.

In connection with disease we are finding it necessary not only to study the behavior of disease germs and the course of specific illnesses, but also the reaction or attitude of the whole personality to life. This is as much within the sphere of religion as that of medicine. At present, however, *each* side tends to distrust the other. The medical profession had a hard fight in the past to get free enough from superstitions associated with religion to approach its subject scientifically, and fears lest any attempt to bring organized religion into the direct

sphere of treating disease will involve regression and not progression

Some time ago one doctor whose co-operation I was seeking in connection with the Archbishop of York's Committee of Doctors and Clergy wrote to say that it was impossible, as in his opinion religion was tending to get more infantile and infused with magic, instead of achieving maturity. On the other hand, another doctor said he did not think co-operation was very practicable in our present stage of knowledge and that the real work for the Church was to pray for the conversion of the doctors!

In addition, doctors who have to go through a long and arduous training rightly fear the intrusion of enthusiastic, well intentioned, but ill informed and largely untrained, clergy meddling with their patients (untrained medically, I mean). Nevertheless the large part played by moral or religious factors (or their absence) in the apparently increasing ranks of mental and nervous disorders makes a real measure of mutual understanding and effective co-operation between doctors and clergy imperative. If sufficient training in psychopathology could be given to clergy to enable them to distinguish the kind of case in which their religious approach may be definitely harmful, where a faulty religious attitude would distort or nullify their efforts, the positive element in their ministry would be far more effective. Co-operation between clergy so trained and psychotherapists or psychiatrists, each passing on cases suitable to the ministry of the other, would be valuable.

The overlap in the sphere of medicine and religion is well illustrated by a statement by the medical superintendent of a mental hospital, who said that a good deal of his work consisted in removing the sense of guilt of his patients. A bishop

who was present said that that was difficult to reconcile with his work, which included awakening a sense of sin. This paradox will be followed up more fully later, as some understanding of it is essential to any effective co-operation between doctors and clergy, who otherwise tend to think each is undoing the work of the other.

Modern psychiatry overlaps into the sphere of general medical practice and that of the clergy. Curing by mental and spiritual means much illness that had previously been thought to be physical, the psychiatrist inevitably has to deal with moral and religious problems, and throws much light on the effects of a faulty religious attitude in making it impossible for an individual to adjust adequately to the demands of life.

Healing has always been closely associated with religion, from the primitive witch doctors, combining the science and religion of their day, through Aesculapius and the temple healings, up to the present day, with its spate of queer cults, with a good deal of undifferentiated religious and pseudo-scientific or magical background, which can so upset mental balance and do more harm than good.

This one-sidedness is, however, in part a consequence of the necessary step toward a more scientific understanding of the processes involved in both health and disease on the part of the medical profession, in which the tendency has been to leave out of account the effect of mental and spiritual activities on physical well-being. This in turn has led those who realized their importance to minimize or deny the reality of the physical side at all, as in Christian Science, for example.

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before full co-operation can be effective in reaching those at present "incurable" by either alone.

The interaction and relevance of both approaches may be shown by the way in which, if a minister or psychologist can relieve a pressing load of guilt and help someone to make a fresh start hopefully, the *natural* recuperative processes of the body—the *vis medicatrix naturae*—can function freely; where before, the attitude of despair and despondence may have damped them down, exerting a depressing influence on all the bodily functions. (Compare Christ healing the paralytic *after* saying, "Son, thy sins be forgiven thee," and so lifting the load of guilt which was keeping him paralyzed.) On the other hand, when the effects of long-continued malfunctioning have affected the organism severely, it is necessary to treat the condition from the physical or surgical side, and the improvement in the physical condition lifts a great burden from the sufferer's mind, which in turn enables it to reinforce the physical.

It would make for close understanding between doctors and clergy if each realized the *complementary* nature of their methods and approach. It would help if they could mutually recognize when someone in a state of acute depression, for example, may need both psychiatric and medical help.

Diagnosis is not always easy, since the *secondary* effects of confusing these distinct "needs" so often precedes any real attempt to grapple with the patient as a whole, and complicates what might have been more easily differentiated had the right approach been made from the start. Real cures may form only a small percentage of the work of doctors or ministers or psychiatrists—a percentage that is roughly comparable in the work of the majority in each profession. But

many who are incurable by one or other turn out to be curable by the third.

This works from both sides. Most doctors will know of cases incurable by any means within their power to use, who are either cured by some psychological or spiritual healer, or who recover spontaneously: and those who have helped many by psychological or spiritual methods will find that some whom they have failed to help, or have made worse, can be helped by medical means.

It is not enough to say someone is incurable, with all the hopelessness that that entails, if either physical, psychological, or spiritual help is left out of account. Sometimes all three methods are needed, sometimes one or two will suffice; but it is important to ensure that the possibility of help on all three, or on *any* of the three levels should be recognized by both doctors and clergy, as well as psychiatrists and psychologists.

Nor is it defensible, as is sometimes done, to say that if a condition previously diagnosed as physical yields to psychological treatment or to prayer, that therefore it could not have been rightly diagnosed and must have been a psychological or spiritual illness. It may or may not have been wrongly diagnosed; and it is obvious that many "cures" from the religious approach are claimed with no adequate diagnoses at all, and these cannot be used in evidence. But to *assume* that if the mental or spiritual approach is effective, therefore any previous diagnosis on physical grounds *must* have been mistaken, is as unscientific as it would be, and frequently is, to accept unquestioningly the physical nature of hysterical paralyses, for example, on the part of spiritual healers.

There *is* no hard and fast line. Under some conditions

healing processes can be brought into play via mental and spiritual activities that influence basic physiological functions, and health may be restored. There is plenty of evidence for this in the casebooks of psychiatrists; and under hypnosis, for example, the rate of healing of actual burns or wounds can be accelerated. This has been tested with burns on the same patient at the same time, one treated by suggestion under hypnosis, the other left to take its own way. The one treated healed up more rapidly than the other.

Equally we are finding that in serious disturbances of mental and spiritual activities, mental disorders may yield to physical treatment, and in many cases are caused by physical factors—acute infections, for example, or injury to the brain—and no amount of psychological treatment or spiritual exhortation can influence them through the mind of the sufferer.

It is also probably true that there are many conditions that can be affected *either* via the mental or the physical approach. Part of our psychosomatic “make-up” can be activated in this *dual* way, in everyday life and health. Tear glands, for example, may function when some mechanical irritant touches the eye, or in response to emotion. It is probable that some of the conflicts of opinion not only between doctors and clergy, but between different types of medical specialists themselves, arise from this fact. Each man finds the way in which *he* is most effective, and if a different approach produces a similar result he tends to think it *must* have been a different “condition,” though the difference may have been in the doctor and not the patient.

The time is ripe and the need is urgent for some pooling of experience, for some real co-operation between doctors and clergy who are mature enough and integrated enough personally to be really “open” to the contribution of the other

to the well-being of the real person with whom they are concerned. The bridge *must* be built between the disciplines that kept body and soul as distinct and independent realities, and a more comprehensive science must be developed to *include* mental and spiritual activities as operative within the "organism" as a whole, within man as a social and personal being; together with a religious attitude that allows for and includes the effects on mental and spiritual activities of physical conditions, both internally and environmentally.

Such an inclusive approach would give a chance to develop and make the best of each individual, instead of overloading so many with a pathological sense of guilt at failing to reach a standard of behavior that is beyond their capacity, and setting the doctors the task of curing the sense of guilt that their faulty religious attitude itself has engendered.

It is of paramount importance to realize the difference between the guilt that is an expression of the failure to be or do something quite impossible for us to be or do, and the healthy sense of sin when falling short of what *is* within capacity, short of the best we actually *can* rise to. The latter can inspire us to try again; the former leads to an ever deepening depression and an inability to do anything at all. The doctor often helps to relieve this because he is not expected to judge or condemn; whereas the "priest" may stand for the "condemning conscience" and reinforce it beyond endurance, possibly leading to suicide, even if his own attitude is sound, through the primitive "idea" of his "priesthood" and the nature of God in the mind of the patient.

We are all aware that the times are critical, that something is amiss with our civilization and culture, and there is need for the healing of the nations as well as of individuals. Part at least of any such "making whole" depends on bridging the

healing processes can be brought into play via mental and spiritual activities that influence basic physiological functions, and health may be restored. There is plenty of evidence for this in the casebooks of psychiatrists; and under hypnosis, for example, the rate of healing of actual burns or wounds can be accelerated. This has been tested with burns on the same patient at the same time, one treated by suggestion under hypnosis, the other left to take its own way. The one treated healed up more rapidly than the other.

Equally we are finding that in serious disturbances of mental and spiritual activities, mental disorders may yield to physical treatment, and in many cases are caused by physical factors—acute infections, for example, or injury to the brain—and no amount of psychological treatment or spiritual exhortation can influence them through the mind of the sufferer.

It is also probably true that there are many conditions that can be affected *either* via the mental or the physical approach. Part of our psychosomatic “make-up” can be activated in this *dual* way, in everyday life and health. Tear glands, for example, may function when some mechanical irritant touches the eye, or in response to emotion. It is probable that some of the conflicts of opinion not only between doctors and clergy, but between different types of medical specialists themselves, arise from this fact. Each man finds the way in which *he* is most effective, and if a different approach produces a similar result he tends to think it *must* have been a different “condition,” though the difference may have been in the doctor and not the patient.

The time is ripe and the need is urgent for some pooling of experience, for some real co-operation between doctors and clergy who are mature enough and integrated enough personally to be really “open” to the contribution of the other

to the well-being of the real person with whom they are concerned. The bridge *must* be built between the disciplines that kept body and soul as distinct and independent realities, and a more comprehensive science must be developed to *include* mental and spiritual activities as operative within the "organism" as a whole, within man as a social and personal being; together with a religious attitude that allows for and includes the effects on mental and spiritual activities of physical conditions, both internally and environmentally.

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We are all aware that the times are critical, that something is amiss with our civilization and culture, and there is need for the healing of the nations as well as of individuals. Part at least of any such "making whole" depends on bridging the

disastrous separation between the physical and the spiritual that is expressed in the prevalence of mental and nervous disorders today, and which infects international and racial relationships, through the one-sided and unbalanced reactions of the many in need of a real "spiritual healing" who do not even realize that they *are* sick in mind.

The functions of doctors and priests inevitably overlap, hence the great need for mutual understanding so that they reinforce each other's efforts, instead of cutting across them. It is also important to realize that God is not more active in so-called spiritual healing than in any of his other modes of effecting the relief of sickness. The tendency to look upon the result of prayer or the laying on of hands as more miraculous than the surgeon's skill or the physician's or psychotherapist's understanding does no service to religion. Though to deny that prayer has any effect, to explain away any such supposed effects without real investigation or consideration, is equally immature. Medical psychology has opened the way to a deeper understanding of the part played by mental and spiritual factors in the health of body and mind, and makes co-operation between doctors and clergy more essential than it has ever been before, if the real needs of the sick, physically or spiritually, are to be met adequately. And on a still wider scale such co-operation, with its maturing and developing of both disciplines, is necessary for the more balanced and integral philosophy of life so essential as a framework within which individuals and societies can develop more healthily. This may avoid or greatly reduce the incidence of mental and nervous disease, and play a part constructively in the healing of the nations and the winning of a real peace on a world-wide scale, which can only be achieved as the

causes of friction are actually removed from within the minds of men.

Perhaps some of the perennial controversies over the nature of spiritual healing and the difficulty of satisfying scientifically accepted standards of proof may be resolved along the lines of Martin Buber's *I and Thou*. He differentiates between the I-It world and the I-Thou world. The scientist as such is always concerned with the I-It world, even if as psychologist he is investigating the emotional reactions of a patient. Religious experience, on the other hand, in its true form, is an I-Thou relationship. Moreover, as Buber says, one must *be* an I to meet a Thou. In religious experience there is an *encounter* with the Other, with God, and no mechanical recording instrument can register the reality of that, even if some of its repercussions through our strange body-minds can be so recorded. Only the "I" can be aware of the "Thou" that transcends it.

The treatment of disease on the I-It level includes the whole range of medical research and the great resources available today through physiotherapy and diet as well as surgery and drugs, vitamins and hormones. But the importance of the I-Thou level of personal interaction and not blind mechanical or emotional reaction has emerged from within the medical world itself in psychotherapy, with its increasing recognition of the importance of object-relations. This has brought the reality of the real intersubjective or interpersonal world into fresh focus, and this is relevant.

The kind of scientific proof essential on the I-It level is not only not available on the I-Thou level, but it would in fact be meaningless on it. There can be no scientific way of measuring a man's trust in his wife's fidelity, on which

he might be willing to stake his life! And it might even seem foolish to a less fortunate man whose wife had let him down, and yet be intelligible to another who also knew what it was to trust his own wife.

Every fresh branch of science has had a struggle to establish the kind of proofs relevant to it and to break free from attempts to confine it within the limits of the levels first explored. As the complexity of the subject matter rises in the scale until we reach human behavior, so the measuring tools have to change to cover fresh reaches of experience, and it is unscientific to rule out as impossible something inexplicable on the level below it, instead of discovering the relevant way of assessing it and relating it to its own level. A scientist can predict the combined atomic weights of oxygen and hydrogen when combined to form water, but only the actual water can reveal all the properties of water. So only the results of prayer can reveal the actual qualities of life brought into being in those who make a practice of it. They cannot be deduced from the experience of someone who never tries to discern and commune with the Mind of God.

The recognition that a single example can *under certain circumstances* be accepted as significant is important in connection with all forms of healing by nonphysical means. A single example of atrophied or partially atrophied tissue recovering instantaneously or a few hours after the ministrations of some spiritual healer takes us at one bound back within the sphere of Christ's healing of the man with the withered arm, which has often been discounted as "impossible." This indicates the need to extend the range of the possible where human factors such as faith and suggestion and prayer transcend the I-It world, since these are real factors, *independently of our interpretation or explanation of*

them. Although as we have seen, some may be thrown off their balance at a healing service at which others are healed, it is important to pay attention to those who *were* healed when medical or psychological treatment could take them no further. It is perhaps important too to stress that it is not by the numbers healed at any one service that healing work must be judged. If a doctor had to be judged by the number of people he cured *completely* in *one* office visit, he would be hard put to it to justify his work. Yet he knows that the contribution to the health of the community of every session in his office is a *real* part of the total work of the medical profession. The conditions for complete cures through a single contact must be few and far between, depending not only and not primarily on the physical condition of the patient, but on the psychological or spiritual development and attitude of the personality of *both* patient and doctor or healer. The atmosphere of peace and harmony at some services held by special "healers" may enable someone "ripe" for healing to respond more completely than alone, or when being singled out for personal treatment, instead of as a member of a praying community concerned for all.

Spiritual healing, however, is not a substitute for medical attention. Doctors are God's agents in healing and have behind them the cumulative knowledge and skill of thousands of workers on so many levels. But it can not only supplement this work, but at times it can go *beyond* it by reaching to the center of our mysterious personality where it takes its rise from God and manifesting the *vis medicatrix naturae* with the creative power of God behind it when the barriers set up by unbelief have been removed. Recovery that arises from that level speaks for itself in the quality of life to which it gives rise. It does not need scientific proof, which can only

deal with "statistical probabilities" in the mass. Its proof is on another level, in the *unique* encounter with God that in the long run every son of man must face for himself. There are neither alibis nor proofs possible on that level, but by their fruits they are known.

This is a true spiritual healing and is independent of whether the outer garment of the flesh is completely recovered or not. Such a personality becomes creative, whatever the physical condition or the circumstances of life, and in this way breaks the entail of evil on a deeper level, as Christ did on Calvary.

It is important to distinguish real spiritual growth from the restoration of the body, and this occurs both through prayer and in the psychologist's consulting room. There are plenty of physically active healthy people who are selfish and self-seeking, and there are some consecrated personalities through whom God is working in spite of physical handicaps; it would be unjust to throw the onus of failure on those unhealed who have come in faith. This does not contradict the example of the woman whose spurious peace had to be broken down; that was not the kind of creative response to which I am referring for evidence of spiritual healing in the depths of the personality, which then begins to work outward into the environment as well. But we don't know enough of the conditions for receptivity to understand why some much more mature people with a very obvious and deep faith may not recover physically, while much less mature people, perhaps more suggestible, recover physically without producing the real spiritual fruits that do come through the others. Moreover, in all illness and recovery, both social and personal factors play a part as well as physical ones. Only a supreme Cosmic Intelligence can see when the time is ripe

for such a *synchronization* of all these as to involve what seems to be a miracle of renewal and the start of a fresh life in response to His call.

We fall into confusion if we argue about the different ways our finite minds interpret or register the impact of God on the central core of personality. Each must register in the way that is true to him and respect the different facet true to another. I thought of this the other day when my four-year-old niece was saying "Daddy" to *my* brother, and I realized all the childish emotions, all the experiences with *my* daddy so long ago, were focused for her in the relationship with *her* daddy, and that our specific memories, all the little lessons learned, all the adjustments made in the process of growing to maturity, would differ, and yet sonship and fatherhood are fundamentally the same through all such differences.

So God will speak with each of us in and through the association of our particular lives, and the voice we recognize as familiar will sound strange to another. Hence so many of our tragic divisions and conflicts, which seem deeper on the religious level than on any other. Yet the multiplicity of voices is needed for the full harmony of the kingdom of God, just as the personal differences in each child within a human family go to make up the whole family, *which would be different as a whole if any one member was different.*

If we can seek to understand and serve instead of criticizing and condemning those who differ, we may increasingly discern the way of God for us, enriched by all that has been contributed by others, and so help to heal the discords in the world which arise out of so much misery and pain, instead of perpetuating them by our quarrels over different ways of healing.

All life and health, all wholeness and healing, is of God and *results* are the only real proof that through the joint labors of doctors and nurse, researcher and man and woman of prayer, the creative love and life of God has broken through the crippling shackles of disease and the kingdom of God has come nigh unto us.

CHAPTER 5

Some Healers Today

Raynor Johnson in *The Imprisoned Splendour* writes: "There is some extremely good evidence, which it is quite impossible to disregard, that a certain type of prayer of an intercessory kind may have extraordinary therapeutic power. I suggest for consideration that what may be happening in cases of this kind is akin to the building up of telepathic rapport between the minds of the agents (i.e., persons praying) and the mind of the patient, resulting in sufficient stimulation of the latter to undertake with renewed energy the processes of healing and repair. The patient is helped on *the mental level to help himself*—and in some cases there may even be a transmutation of mental energy into physical.

"There is a rather different kind of healing involving physical contact of the hands of the healer with the body of the patient. I suggest here that the healing forces are operative

at the aetheric level, which becomes now the level of rapport. The mind of the patient is not now involved, but the mind of the healer acts psycho-kinetically through the aetheric body of the patient to stimulate the body of the patient towards health" (p. 260).

Two books by remarkable women "healers," *The Healing Light* by Agnes Sanford (1949) and *He Heals To-day* by Mrs. Elsie Salmon (1951), and a trilogy by Dr. Rebecca Beard, *Everyman's Search*, *Everyman's Goal*, and *Everyman's Mission*, raise some very important issues. They show that prayer for healing is not just "magic" and that the human agent has a real part to play in the results.

I was privileged to meet Mrs. Elsie Salmon when she was in England on a healing mission, shortly after she had seen Mrs. Agnes Sanford in America and discussed with her the work in South Africa described in *He Heals To-day*. With their permission, I would like to quote some examples from their books which speak for themselves as bringing the gospel stories right into the forefront today, and challenge us to revise our opinions and perhaps learn how to "go and do likewise." Mrs Sanford writes in *The Healing Light*:

"My baby had been ill for six weeks with abscessed ears. I prayed desperately that God would heal the child. My mind was filled with thoughts of fear and of bitterness, and these are not of God. God is love, and perfect love casts out fear. So God could not go through me to heal my baby, for there was a break in the pipe-line that connected me with Him.

"Nevertheless, in His great kindness He did what He could for me. He sent me one of His own ministers, a young man, ruddy-faced, clear-eyed, full of normal healthy interest in people and in life.

"'I'll go up and pray with him,' he said

"'I don't think that will do any good,' I replied wearily 'He's only a year and half old He would not understand' What I really thought was 'If God doesn't answer *my* prayers, why would He answer this minister's prayers?'

"'Oh, that won't matter,' cried the minister, disregarding my feeble protests He went upstairs Light shone in his eyes I looked at him and saw his joyfulness, and I believed For joy is the heavenly O K on the inner life of power No dreary long faced minister could have healed my baby For without my faith the baby could not have been healed, and it was the joy on the minister's face that called forth my faith Looking on him I knew that he had been with the One who came to give us joy, and so I knew that the baby would be well

"The minister placed his hands upon the baby's ears and said, 'Heavenly Father, we ask you to send Your life into this baby's ears and make them well We thank you because we know that this is being done Amen'

"The fever flush died out of the baby's face *immediately* He turned very pale, closed his eyes and slept When he woke, he was well And he never again has had abscessed ears

"This incident turned on the light for me in a world that had grown dark with futility It showed me God is an *active* and *powerful* reality True, I understood very little about Him I merely thought that the visiting minister had the gift of healing Now I know that he had no gift except that which is open to all of us, the infinite gift of the life of God Himself. God's water of life could rush through him, for the pipe-line between his spirit and God's spirit was intact He was in harmony with God The life of God flowed through him and

therefore could be turned on by him for the healing of a child. He *knew* it, and therefore had the courage to speak with authority.

" 'We thank you because we know that this is being done,' he had said, adding the word 'Amen' (so be it), a word of command. All prayers end with 'Amen,' but usually the word is meaningless. The people who utter it do not in the least intend to send forth a command so positive that they would dare to say, 'When he wakes he will be all right.' This is one reason why many prayers do not seem to be answered (pp. 13-14). . . . A wise scientist studies the laws of nature and adapts his experiments to those laws. And a wise seeker after God had better study the laws of God and adapt his prayers to those laws" (p. 21).

Mrs. Sanford must have studied them to good effect, as the next two examples show.

"The vibration of God's light is so very real that even a child can feel it, and it was my experiments with children that showed me the action of an invisible but powerful light-vibration shining from the Father of lights.

"I went to see a little girl who had been in a cast for five months following infantile paralysis. One day I placed my hands above the rigid knee in that instinctive laying on of hands that every mother knows. And I asked that the light of God might shine through me into the small stiff knee and make it well.

" 'Oh, take your hands away!' cried the little girl. 'It's hot.'

" 'That's God's power working in your knee, Sally,' I replied. 'It's like electricity working in your lamp. I guess it has to be hot, so as to make the knee come back to life. So you just stand it now for a few minutes, while I tell you

about Peter Rabbit.' By the time the erring Peter had returned home without his shoes and his new red jacket and had been put to bed with castor oil, the pulsation of energy in my hands had died away.

"'Now crawl out to the edge of the bed, Sally, and see if that leg will bend,' I directed the child.

"She pulled herself to the edge of the bed and sat up. And the leg that had been rigid, bent at an angle of forty-five degrees. Within two weeks she was walking.

"'How do you turn on God's electricity in your hands?' she asked me at my next visit.

"'I don't turn it on,' I replied. 'I just forget everything else and think of God and believe that He can do it. And He turns it on, and when He is through with it, He turns it off.'

"Sally and I both understood quite simply that God's life was a kind of light. We could not see this light. But she felt it as heat. And I perceived through my hands and arms the flow of the invisible force that caused the heat. We did not have the scientific background to explain these things. But the guiding Intelligence who leads us on towards truth directed me towards a man who could explain it.

"I visited the wife of a scientist for the purpose of healing and she explained to him the feeling of inward heat that followed our prayer for healing.

"'I believe that,' said the scientist, 'because my studies in the vibrations of sight and sound have shown me that such a thing must be.'

"'Why?' I asked. 'Can you tell me in simple words so that I can understand?'

"'There are vibrations of sight that the human eye cannot register,' he explained, 'because they vibrate at too high an intensity and too fine a wave length.'

"'Like the light of an X-ray machine?' I asked him.

"'Yes. And the ultraviolet ray and the infrared ray. Also there are vibrations of sound that the human ear cannot register, because they vibrate at too high an intensity and too fine a wave length. We have investigated these forces at great length in the interest of radio and television. And in course of our experiments *we have come to the conclusion that a vibration of very, very high intensity and an extremely fine wave length, with tremendous healing power, caused by spiritual forces operating through the mind of man, is the next thing science expects to discover.*'

"'You speak of this as a vibration,' I replied. 'But your wife felt it as heat. Why was that?'

"'She did not feel the actual energy that entered her. She perceived only the effect of the energy and it felt to her like heat. It was not the heat that healed her. The light that you see in an electric light bulb is not electricity itself. Electricity is invisible. The light is only the result of the electricity acting upon the wire.'

"'So it is with the healing light of God. It is registered in different ways in different people. Most of us grown people have become so dull in spiritual perception that we do not feel it at all, even though it works toward a healing. But children nearly always perceive it either as heat or as a force that they cannot describe but always compare it to electricity.

"'Once I was called to see a baby girl ill with pneumonia. I knelt beside her little crib in silence, laid one hand upon the small congested chest and slipped the other one beneath her back. Soon the waxy frame of the baby was filled with a visible inrushing of new life. Even the hands and feet vibrated as if an electric current were entering her. A look of tension on the tiny face was smoothed away and she

passed from a semi-conscious condition into a natural sleep. Two hours later her doctor came into the room. He stopped at the threshold, eyes staring, jaw dropped in surprise. For he had come to report his hospital arrangements for the child and he beheld his small patient, bright-eyed and cheerful, sitting up in bed.

"'Doctor,' she greeted, 'can I have a cake?'"

"'My God!' ejaculated the doctor, startled out of his bedside manner. 'What's happened to her?'"

"He was quite right. It was his God who had intervened—that was what had happened to her (pp. 29-32). . . .

"The rebuilding of a chronic disorder, however, nearly always takes time," Mrs. Sanford goes on, "and requires that combination of open-minded patience and unfaltering courage that the bible calls 'meekness.'"

"I found this out by experimenting with a condition of my own that required corrective surgery," Mrs. Sanford said. "The 'operation' has been performed gradually and imperceptibly by the re-directing of the creative forces of the body. My daily prayers for healing removed temporarily the aching and weariness due to this condition. But I found on examination that it had not corrected the collapsed organ nor removed cysts. At this point I toyed with the idea of an operation, but decided that as the condition was not dangerous to life, I would first try every other resource.

"My own prayers having been insufficient, I requested help from a distant prayer group, and from my friends at home. With this additional help, I began to perceive as I prayed for healing, a drawing up sensation and a distinct vibration and warmth in the lower abdomen. Moreover my increased vigour and relief from pain indicated that a process of rebuilding was taking place. After some time I went back to

my doctor for an examination, in order to find out what had taken place.

"I told you to come here twice a week for treatments," he scolded. "And I haven't seen you for a year."

"Well—I've been busy."

"You look good," he admitted in a cold, suspicious voice. "What have you been doing?"

"I haven't seen any other doctor," I evaded.

"You've certainly been doing something," he insisted when he had made his examination. "You're a hundred per cent better. *What have you been doing?*"

"I tried to tell him, but was obliged to desist when he began to exhibit symptoms of apoplexy. He had seen the results of a daily prayer for health assisted by the prayers of others. But he could not understand. He was so accustomed to dealing with the envelope of flesh that he could not see the body through the X-ray machine of the spiritual eye.

"If I had given up on finding that my own prayers were not enough, this gentle and gradual healing would not have been finished. Many a healing is not finished simply because the one who prays does not hold his faith long enough, is unwilling to seek help in prayer or does not know where to find that help" (pp. 75-77).

Mrs. Sanford continues, "As our prayers, our mental training and our acts of forgiveness fuse into a high consciousness of God's indwelling, we become more and more aware of an inner source of power that can be tapped at will. We also become more and more aware of an outer source of power; a protecting and guiding influence that surrounds our day's work with blessing and guides us into the paths of peace.

"In other words, God's light shines both within us and without us, and by learning to receive Him within we begin

to perceive Him without (p. 79). . . . By daring to try God and see whether his promises are true, I have regained a measure of that instinctive faith of the very young or the very simple" (p. 81).

So much for America. Now to turn to Mrs. Elsie Salmon in South Africa. The following extracts show how her healing work started, and the example of "Iris," quoted in full, shows how very real the power that works through Mrs. Salmon is. She described this example to me personally, saying, "When you have seen a twisted S-shaped withered leg straighten out and come to life under your very eyes, you can't doubt the reality of forces beyond our ordinary human powers—the rapid regrowing of tissue was amazing in a leg due to be amputated, and the fact that Iris could leave her crutches behind and *walk* home at once was a real demonstration of strength and capacity restored."

It was this example which convinced me that Mrs. Salmon was going beyond the work of psychotherapists, and that we needed to learn more of the conditions, both in healer and healed, which made such a happening possible, so like Christ telling the man with the withered arm to stretch it out and it became whole.

In *He Heals To-day*, Mrs. Salmon writes of the way in which she discovered her gift of healing:

"It was in 1941—our troops were still fighting in North Africa—that my husband brought to me a young mother who had just *lost her only child*. The father, in the Army, had not yet seen—and now, never would see—his sixteen-months-old son.

"How could I help this young mother who had lost her

only child in such tragic circumstances? My husband had already tried, but this poor woman was so deeply distressed it was feared that she might become mentally unbalanced. The child had been very delicate, but, under medical supervision and with his mother's devoted attention, had grown to be a bonny little fellow.

"Only the day before he had been taken to the doctor for a last visit, and, after an X-ray examination, had been pronounced fit.

"Go home and enjoy your baby,' said the doctor, 'and don't worry about him any more.'

"Come and tell me all about it,' I said taking the bereaved young mother by the hands and leading her to a seat. 'But, first, let us pray about it and ask God to help us.'

"It was then, as I held her hands, that she unfolded the tragedy.

"That night, when we returned from the doctor,' she sobbed, 'baby had a glorious splash in his bath. I fed him and put him to bed. The next morning I went, as usual, to wake him up—but found, to my horror, that he was dead.'

"The post-mortem, she explained, showed that death had been caused by an enlarged thymus gland pressing on the heart.

"She had barely finished, when she got up and exclaimed, 'I'm quite all right! The pain has all gone from my head. I feel fine now and can face anything.'

"I'm so glad,' I said. 'Shall we thank God before you go?'

"A few minutes later she left—a very different person from the one who had come half an hour before.

"She returned a few days later. 'I can hear him running down the passage,' she burst out, as she stood on my doorstep. 'It's driving me mad again. The pain has all come back

and I can't stand it any longer . . . so I've come back for some more.'

" 'Some more,' I echoed, 'I don't understand you!'

" 'You gave me something that day,' she declared, 'and it made me quite all right . . . so I've come back for . . . more.'

" 'Well,' I said, 'I'm afraid I don't understand you, but, if you will come in, we'll pray about it again, and ask God to help you, as we did before.'

"I again held her hands as we sat down. This time, however, as soon as I touched her, I felt as though my hands had been severed at the wrist, and as if my life's blood was pouring out in a steady stream . . . and I mentally heard the words 'and virtue went out of Him' . . . and the power continued to pour out . . . and the words were repeated . . . a second and a third time . . . 'and virtue went out of Him.'

"It was then I knew the young mother was receiving healing power. I felt emptied, whilst she jumped up and, as before, said, 'Now I'm all right again—I can go now—I'm quite all right.'

" 'Yes, I know you're all right,' I said, 'but shall we say "thank you" to Him Who has healed you?' A few moments later the young mother left, restored to normality.

"The following week," Mrs. Salmon went on, "after I had finished visiting a member of our church in the local hospital, I was met at the door by the wife of another patient.

" 'My husband saw you pass just now,' she said to me, 'and he would be very grateful if you would come in and pray with him.' She explained that her husband was in dreadful pain and was full of fear, for he was to have a serious operation—for a deep-seated growth in the head.

" 'I believe you are in great pain,' I said to the patient as I

approached him. 'Would you like me to put my hands on the place where the pain is, while I pray for you?' (There was absolutely no thought of healing in my mind at that moment.)

" 'Yes, I would.'

" 'Do you believe Christ can heal you?' I asked.

" 'Yes, I'm quite sure He can.'

" 'Then let us ask Him in faith.'

"I was told that I had hardly left the hospital before the growth burst and discharged through nostrils and ears.

"Within a few days the patient had left the hospital and was soon back at work, perfectly healed.

" 'So it's as easy as that,' I thought, as I thanked God for this wonderful demonstration of His healing power. 'He only needs a link. He does the work but He needs my hands.'

"From that moment, I dedicated my hands to His service" (pp. 19-22).

THE STORY OF IRIS

"Iris was to have her leg amputated in three days' time. She arrived to find the healing-room full of people who had made appointments. Later, when I saw her, I said:

" 'But you have no appointment, my child.'

" 'No, I know I have no appointment, but I will wait all day if you will see me.'

" 'You won't have to wait all day, my dear, but I must ask you to wait until I have seen those who have made appointments.'

"When all the patients had gone, Iris was asked into the healing-room. It was then that she told me she was to have her leg amputated the following week, but that she had been

clearly guided to come and seek Divine Healing. During the previous night, she said she had been awakened and a voice had clearly told her that she had to go to Germiston next day and she would receive help for her leg. Without saying anything to her mother, she dressed and asked a friend to accompany her.

"She told me that thirteen months before she had had an operation on the hip which had caused a complete paralysis of the left leg which had become withered and had doubled up. Medically everything had been done but had failed to restore her.

"Do you believe that Christ can heal you?" I asked.

"Oh yes," she replied. "That's why I have come," and so we prayed together and I asked Christ to restore perfectly this leg. I made sweeping strokes down her spine and then took the withered, bent and paralysed limb in my hands, and, looking into her face, I said, "There is no doubt in your mind that Christ can heal you?" "No," she replied.

"Then I said, 'Christ, my Master, do Your work,' and with these words, the leg immediately straightened out before our eyes and this dead limb at once became filled with life. At this she burst into happy tears and said: 'Oh God, thank you! I knew you could do it. I do thank you. I shall never be a cripple any more.'

"It was an awe-inspiring sight and a mighty moment for us both. The air was charged with power and we knew that Christ Himself was there. We stood on holy ground.

"Our hearts were overflowing with gratitude and, as I felt we should all give thanks together for this lovely thing that God had done, I called my husband in from the study. We all knelt down and offered a prayer of thanksgiving to Christ,

the greatest Healer of all, who had again shown that He keeps His promise when we come with childlike faith.

"The former cripple then turned round to her friend and said, 'Give me my shoe.' The friend took out of the bag a brand new shoe, which had been brought in faith. Iris bent down and put it on.

"I think this story is as beautiful as the one of the woman who 'touched the hem of His garment!'

"My husband then suggested that he would get out the car and drive her to the station. This offer she refused, saying, 'No, thank you. I am going to walk.' My husband said, 'Well, I will see you safely to the station.'

"As she left, I said, 'Here are your crutches, Iris.'

"Happily, with brimming eyes, she said, 'I don't need them any more. You can have them, Mrs. S.,' and she left them with me. To-day, they are hanging on my wall, together with others of my treasured 'pictures,' calipers, crutches, etc.

"She left walking smartly down the street, accompanied by my husband. At the station there are two or three long flights of steps. My husband carefully watched her climb them, but she ascended with ease.

"On the platform, he suggested she should sit down and rest, but she replied, 'No thank you. It is far nicer to stand.' With that, she left by train.

"On arrival at her home, she knocked at the door, and her mother came to open it. When her mother saw her, standing without crutches, she was so overwhelmed that she fainted. She recovered quickly, however, and was amazed at the story her daughter unfolded.

"Iris had promised the healer that she would see her doctors that afternoon, to say that the operation was 'off.' However, she had no opportunity for doing this as her mother, in

her joy, had told the neighbours—and they had told others—and so the great news spread like wildfire, so much so that her home was filled for the rest of the day and evening with excited people, all wanting to know about this miracle.

“When she could get away she called on her doctors, who were discussing her amputation, but when they saw her, standing in front of them, perfectly healed, they were speechless with amazement. She then told them the story of her healing, so they said they would like to examine the ‘dead’ leg.

“They were still further amazed to find that, during the night, the withered flesh had become perfectly healthy. The temperature of the ‘dead’ leg, they found, was now exactly the same as that of the good one.

“A healing service was being held some miles away the following week. Iris attended it, and, walking smartly up to the altar, testified, in a crowded church, to this wonderful healing miracle, and in front of them all dedicated her life to God in gratitude to Him for this glorious blessing.

“There was hardly a dry eye in that congregation when she had finished her amazing story.

“Perhaps you can bear a repetition of this remarkable story as seen through Iris’s own eyes:

“Iris stresses how, following the voice that came to her in sleep, she was absolutely convinced that she would be healed. The voice had called three times: ‘Iris . . . you will get well. Go to Germiston. There a woman will pray for you and you will be healed.’

“Iris relates: ‘The next day my friend and I took a train to Germiston and on our arrival there we did not know where to go. It was as though something guided my footsteps, and I told my friend that we must start walking. We walked, rested,

walked, and rested again. Finally, quite a distance from the station I saw a small church with people entering. This, I knew, was the place I was seeking.

"My friend and I entered the church and heard that a woman was going to hold a service. She was the wife of an English minister and frequently held services there. . . . She had dedicated herself to healing through prayer.

"No doubt was left in my mind. So certain was I that I would be healed that I had brought the new shoe and the stocking with me.

"We entered and I went to the woman and asked her if she would pray for me.

"My child," she said, "I will pray for you and lay my hands on you, because I know that God uses me to heal the sick. Unfortunately my programme, at the moment, is quite full. There are many people coming today, and I must see each one individually, pray for them, and treat them. You may have to wait quite a while as these people all have appointments."

"I am prepared to wait," I said, "I do not mind how long."

"Good," the woman said, "I will see if I can make time for you, there is one woman who may not come."

"Well, and that woman did not appear. The time which should have been spent on her was given to me. . . .

"The woman prayed for me. Her prayer was more beautiful than I have ever heard before. She swept her hands over my hip and leg, and asked God to send His healing strength through her, to help me. And then . . . well, nobody wants to believe it, when I tell them . . . *suddenly rays of heat flowed from her hands, and my leg felt as hot as though it were*

placed in an oven. I heard the joints crack, and before my eyes my leg and foot straightened out.

“‘I called out, “My leg is healed, my leg is healed,” jumped up and started crying hysterically. . . . My leg was not only straight and normal in its movements, but it was so strong that I could stand and walk, in spite of the fact that I had not used it for so long. It was a strong, healthy limb, no longer a thin, emaciated burden. It was glowing with warmth where before it had been cold as stone. . . .

“‘Accompanied by the woman I went out, and through my tears told the people in the waiting-room what had happened.

“‘Later her husband, the minister, wanted to take me to the station in his car, but I refused. I could walk again so why shouldn't I. He feared that my leg would be too weak, but I insisted, so he accompanied me.

“‘The station was half a mile away, and I walked the whole way with the minister and my friend. . . . I left my crutches at the church. I knew I would not need them again. We got off at Jeppe station and walked home from there. Passing one of the houses a little girl who knew me very well saw me. She stood astounded, and screaming aloud she ran into the house to tell her mother. Other people who knew me also stared with exclamations of amazement.

“‘Arriving home, my mother fainted at the sight of me. My father turned pale and stared speechlessly, with the tears running down his cheeks. My fiancé came to visit me that night and only then heard the amazing story, and it was quite a while before he could grasp the full significance of what had happened.

“‘The news spread rapidly and there was a continuous stream of people who came to see my leg. To them, the most wonderful part was the fact that my leg was no thinner than

the normal one. In an unbelievably short while the leg grew to its normal thickness and the previously thin leg was now thicker than the other one. The leg was still very warm and it perspired so much that I had to change my stocking continually.

"Afterwards I went to town to show the specialists what had happened. Without ceremony I entered one doctor's surgery, where he was in the middle of a conversation with his nurse. When he saw me he stopped speaking and stared in amazement. When I told him what had occurred, he just shook his head and said

" "Well, I see it before my eyes. "

"Then I went to the hospital where the doctors and nurses were also dumbstruck. They thoroughly examined my leg, finding it perfectly normal. They then compared the temperature with that of the other leg and shaking their heads they made records of their findings. Finally they allowed me to go home.

"The following day the news had spread so rapidly of this wonder work that hundreds of people crowded round the house. Trams and motor-cars were at a standstill.

"I know that it was God who healed me. But He not only healed my leg. He gave me Faith that nothing can ever destroy." (pp 129-134) ¹

Only one comment is needed on this. Iris was receptive enough to recognize and follow the instructions given to her to go to Germiston, where she would find a woman who would pray for her and she would be healed. That too brings the New Testament happenings back into our world of today.

¹ Mrs Salmon told me I might add to this the fact that since this healing seven years ago Iris has married and had two children and the leg is still perfectly normal.

Saul was told to send for Ananias, and Ananias was warned to be ready to go to the man who had been persecuting the Christians, and gave Saul back his sight and so started Paul off on his new life. The true miracle was not in the power that healed the leg, but in the faith of the two women that it was possible that made it actual.

In *Everyman's Mission*, Dr. Rebecca Beard says "There is a spiritual perception which is given to those who abide in the words of Jesus Christ and who live daily with Him. There is a kind of spiritual psychism which Jesus and the disciples knew and used and which many of the saints and mystics have known. It operates above the psychic plane and comes through the Holy Spirit. It is the Divine Wisdom leading and guiding us, telling us what we need to know. We do not voluntarily seek for it, for we know it will be given when it is needed for ourselves or for another" (p. 143).

There is thus a spiritual quality of perception and obedience which seems to make it possible for greater energies or radiations than those normally drawn upon to reach us, as in the straightening and revivifying of Iris' leg. As Christ said to the woman who touched the hem of his garment, "Thy faith hath made thee whole," and yet also realized that someone *had* touched *him*, in the midst of the thronging crowd, since "virtue," *dunamis*, had gone out of him.

The objection is sometimes raised that in a healing service where many receive the laying on of hands, this is unscientific, as it involves identical treatment for a great variety of people and conditions. Mrs. Elsie Salmon told me that while each patient appears to receive the same treatment, *the quality of the power is different*. She feels it come in and never takes her hands off until she feels it is 'turned off' (compare with Mrs. Sanford). In some cases, she says, it is like a stream of

cold air, at other times like an electric current, or a tingling sensation, and at others a manipulative power.

This seems to imply the reality of a greater intelligence, directing the kind of radiation according to need. There is need to follow this up and discover more of what is involved in such precise co-operation for specific needs and such a specialized awareness on the part of the "healer" as to enable a real interaction between healer, patient, and the source of healing power.

The kind of instructions given to someone working "under guidance" would seem either to imply a much wider range of awareness on the part of the healer, intuitively apprehended, or a real response to the impact of the mind of Christ. The reality of the results that followed Iris' being told from some unseen source to go to Mrs. Salmon and she would be healed, and her own certainty of this, raises the same issue. It is important to be able to distinguish between psychotic hearing of voices and impulses to action "under control" from the unconscious, and such paracognitive awareness that is truly veridical.

The following striking example of the cure of cancer is quoted in full by the kind permission of Harper and Brothers, New York, from *Everyman's Mission*, by Dr. Rebecca Beard:

"Then we came to the great hurdle—the headless horseman—that frightening thing which still holds the majority of the people of the world in the grip of fear—cancer. Our thought was—perhaps we can do everything through prayer but this, and yet, in our intuitive knowing we realized we dared not step out into the world of spiritual healing until we were absolutely sure that there was no barrier, and no hurdle that could not be overcome through God's healing power.

"Because we had seen so many cancer sufferers we found this a tremendous hurdle to pass. We needed conviction, and we prayed, 'Father, show us a condition that is unquestioned, about which no one can rationalize. We want to see something that is so evident in its outward manifestation that everyone can see it. We want to see something that is called incurable. We want to see an instantaneous healing, and we want to see it complete and made possible without any agency but prayer.'

"The answer to our prayer was the healing of our friend, Alice Newton, of Leavenworth, Kansas. It was not many weeks after we had prayed that she came to us in St. Louis. She had known me in Kansas City when I practised there. This is what she said, 'I come because I have faith in you, and because I know you have something beyond medicine. I am in great need. Tell me the truth.' Her appearance when we first saw her shocked us. Her huge abdomen was larger than a woman at full term pregnancy. She had the dreaded cachexia. Her emaciated body was scarcely able to carry the great burden. Her question was, 'Do you think that I can be healed with prayer and nothing else?' For just a moment I felt a sinking feeling. 'This is it,' I thought. 'You asked for it. You wanted it.'

"You see, I did believe with my conscious mind, but my subconscious said, 'Help Thou mine unbelief.' Then I heard myself saying, 'Yes, Alice, I believe. But I want to see it. I need to see it.' 'All right,' she replied, 'I'll do it for you and for my husband. I will go home and map out a programme and a schedule. I will follow it every day, and I have absolute faith now that our prayer will be answered, and the Lord will heal me.'

"She went home, cancelled all social obligations, did simple

things about the house, rested, walked in the open air, read her Bible, sang hymns, and prayed.

"Every day she repeated the same pattern. She wrote to us often and in none of her letters did she ever suggest failure. She confidently awaited the moment of her healing. You have no idea how this strengthened our faith. The unswerving faith of one person is a tremendous factor in building the certainty of God's power in their lives. 'Nor knowest thou what argument thine own life to thy neighbour's creed hath lent.'

"Among Alice's friends was a wonderful doctor who visited her often, not as a doctor but as a friend. His medical knowledge made him insist that she permit him to tap her. It was curious, but the relationship of doctor and patient seemed to be reversed between them. It was she who would say, 'Don't you worry about me, Doctor.' She often consoled and encouraged him, but he would go on his way, sorry and unbelieving. A spiritual conviction and certainty such as hers is not easily gained. It is necessary to pay the price. Her constancy of purpose lasted over a period of two years. Finally, one night, with no special preparation, the miracle happened.

"At the time, her husband, a warder at the Leavenworth prison, was working from midnight until early morning. Alice retired shortly after he left for work, and went to sleep as usual. As she slept she had a vision of the disciples asleep as Jesus came down the mountainside from his lone vigil of prayer. His face was full of sorrow as He looked at the sleeping men, then He glanced over and smiled at her. Immediately the scene changed. It was the day of the crucifixion. The cross was being lowered into the hole that had been dug for it, the Master's body already nailed upon it. Torn with the thought of how the jar would hurt Him, she cried out, 'O my Jesus,' putting up her hand to steady His body and ease the suffer-

ing. At that moment her hand dropped to her abdomen and she awoke.

"Turning on the light she saw that it was three o'clock. Only then she realized that her abdomen was perfectly flat. The huge accumulation was gone! Immediately she felt all around her for moisture, thinking surely something had passed, but the bed was dry. There was no pain. Her spirit rejoiced, and she knew something wonderful had happened. So she turned out the light and waited.

"Her husband came home rather early that morning. He felt, somehow, that something had happened. His excitement was so great when he heard the news that, to relieve him, she asked him to go for her friend, the doctor, cautioning him not to tell. Alice was a woman with a marvellous sense of humour, so before the doctor came she slipped a pillow under the bed-covers. She wanted to hear him scold. As he came in and stood at the foot of her bed, he shook a warning finger, saying, 'Alice, I told you to let me tap you.' She only smiled at first, then she said, 'Yes, Doctor, and I told you that God was going to take care of me. See what He has done,' and she pulled the pillow out and dropped it to the floor.

"The doctor was speechless for a moment, and then he rushed around the bed and knelt at her side. His questions came short and fast in his excitement. 'What passed?' 'What came away?' 'Was there water?' 'Was there blood?' 'Did you perspire heavily?' 'What was it?' To all she answered truthfully, 'Nothing.' Finally his questions ceased, for her answers continued to be, 'No, nothing passed—nothing came away.'

"At last he said quietly, 'No one but God could perform a miracle like that.'

"She stayed in bed for a week because they thought it wise. People passed through the house constantly to see her in the

days that followed. At the end of the week she was weighed, and it was found that she had lost thirty-eight and a half pounds! That had disappeared overnight. And that was the answer to our prayer. That was a condition which no one could say had not existed. It could not be rationalized away. It was an instantaneous healing. No one could explain it. Where did thirty-eight and a half pounds of actual weight go in three hours? That was the miracle. I had wanted to see something which I could not explain. God had answered my prayer.

"Later, Alice came to St. Louis and asked if I wished to examine her. This I did, and found every organ fresh and virginal as though she had never been ill. She lives today. This happening has had a strange sequel. During the past twelve years the Leavenworth newspaper and the *Kansas City Star* have mentioned this remarkable recovery each January on the anniversary of Alice's healing!" (pp. 23-27).

This example has been selected for several reasons.

Other cases of the cure of cancer have been reported, and Dr. Alexis Carrel, Nobel Prize holder, described one which seemed to him to involve an enormous speeding up of natural cicatrization as the growth withered before his eyes. But the striking feature of this case is the complete disappearance of thirty-eight pounds of matter in a night without leaving any trace of its passing—which is perhaps akin to the fact that when an electron moves from one orbit to another there is no trace of its existence in between the orbits, no trace of its passing. Some of these paranormal phenomena in healing may involve action on this level which is usually masked by the statistical averages of the large numbers of electrons in even the smallest organic molecules.

There is some evidence at séances suggestive of materializations and dematerializations which are very difficult to see how to relate to our normal conceptions and perceptions of growth and ordinary physiological processes. Variations in the time factor may also be relevant, a speeding up of normal processes would produce the illusion of almost instantaneous change. Examples of this showing the growth of plants by speeding up a cinematographic film, or a slowing down of it in slow motion study, show the relevance of the *rate* of change to our perceptions. A change that is too slow to perceive in the span even of a long life, in the weathering of rocks, for example, is nevertheless going on unnoticed, and the cumulative effect of changes too fast to be perceived directly can be recognized after longer intervals.

In some examples where tissue changes and not only psychological ones occur, there may be some such speeding up of the body's normal recuperative processes under the influence of mental or spiritual activity as to seem miraculous, as the "pattern of health" replaces the "pattern of disease" more rapidly than when allowed to take its course without such influence.

Dr. Rebecca Beard's books also show the importance of emotional reactions in the production or cure of disease, and she gives meditations and guidance for the redirection of emotional energy into healthy and constructive channels, and for the awakening of the Christ self within. This is on a rather different level, but it also shows that the widespread movement of the spirit is being expressed in the sphere of psychosomatic medicine and the religious approach to healing simultaneously. Approaches made independently can be seen to be converging toward a new conception of life and therefore of the nature of health and disease.

In referring to spiritual healing we don't always understand the nature of the health for which we are asking. An athlete, for example, may keep physically fit and yet fail to make good use of his strength and may be very immature psychologically or spiritually. Health is fitness, but we need to ask "fitness for what?" The doctor is normally only concerned with getting a patient fit enough to carry on with his own kind and level of life. The psychotherapist or spiritual healer goes deeper, and may have to help a patient on to a *higher* level of life than the one that had preceded and ended in his illness, which is why so often a sufferer helped in that way is really thankful for the illness on the natural level which led to the awakening of a fuller life than before—even if within limits that superficially may seem more restricting. Such persons are beginning to live from a deeper center in them than the biological one. Real health is not something static, like the height of our skeletons which fix us at five feet or six feet as the case may be. It involves a dynamic interaction with our environment. A healthy baby can't walk though it has the potentiality for walking in due course. A crippled baby has lost that potentiality. So at various stages in life, we have some capacities that function effectively in the present in such a way as to maintain the "potentiality" for growth and development in other circumstances and conditions. We can't "cash" all our coupons at any one age; each has its norm for health with differing functions predominating. Life is a cycle, not a straight line.

Disease processes may not only hamper present activities, but also prevent something involved in the potentiality for a later stage from developing rightly, and a chronic incapacity may arise.

We do not always realize how many of the neurotics and

criminals are so handicapped because some "potential" was damaged at some critical stage of growth, and apart from *specialized help*, they cannot of themselves reach the average level of behavior or efficiency. In such cases a "healer" or psychotherapist inspired by a real compassion for sufferers may provide an environment within which some of the damage can be repaired, and though the "years the locust hath eaten" cannot be given back, the future *can* be eased and made more fruitful. Understanding love can help to repair the wounds in a growing psyche that have disabled it for living. This is a true spiritual healing, a healing through love and compassion. And if this leads *through* the healer to the divine compassion effectively, then in responding with faith and trust, a genuinely new level of life can be reached, influencing physiological and endocrinological functions as well as psychological ones, which may seem "miraculous" in comparison with the bondage and failure that preceded it.

Whatever is involved in spiritual healing must involve the "making whole" of something or someone whose natural "wholeness" of harmonious mental, physical, and spiritual functioning has been impaired, whether this is achieved in a psychiatrist's consulting room, or through a sympathetic and understanding general practitioner, or a friend mature enough to help, or a "healer" relying on faith and love.

A broken leg can be seen and splinted, X-rayed, and, if need be, riveted. But it is the life within the whole body that rebuilds bone tissue to join the broken ends. No surgeon can do that from outside. But if the ends of the bone have not been properly brought together, nature will make the join, but the patient will limp for life.

Wherever there is disease or disorder, this double help is needed: something from outside and a healing reaction from

within. This healing from within *can* be speeded up or slowed down by emotional and spiritual conditions. It is this speeding up of natural healing processes through the faith and vitality of another which can counteract the pullback of actual pain, and weakness from outside the sufferer too involved in distress to draw upon the resources of spirit directly.

Help from outside can reinforce a sufferer in two ways:

One is the straightforward medical help, based on an adequate diagnosis, which can provide the best conditions for recovery on the physical level, for example, setting a broken limb, amputating one too damaged to save medically, or destroying invading microbes with penicillin.

The second way depends on the love and compassion of others who can reach through the emotional reactions to the deeper spiritual center which is hidden in us all, and by contact with it reopen the channel between each individual and God, which may have been submerged in the actual pain and distress—or even may never previously have been recognized.

When I was very ill with pneumonia and an empyema at the age of three, my father brought a cylinder of oxygen from the laboratory, and the doctor said I had a better chance for life because that was available (this was long before penicillin or regular oxygen supplies). So a doctor should be able to say a patient has a better chance for life and recovery if someone prays than without it. The issue won't only depend on prayer: medical skill and good nursing play their part, just as negligence and bad nursing hinder. Yet such prayer, linking the sufferer and the Mind of God through the medium of a healthy mind in touch with both, may turn the scales toward life, synchronizing from a deeper level the natural healing processes within the body so reinforced.

The attitude that seeks to eliminate the doctor and put the "spiritual healer" in his place is one-sided and makes doctors distrust the religious approach. But if it can be recognized that the sufferer *can* be reached and reinforced on two levels which interact in *him*, then co-operation between doctors and those who pray would become natural and normal.

We have scarcely begun to realize the possibilities of healing the chronic and the so-called incurables that lie ahead when medical help is rightly backed up by the spiritual resources of someone who has by prayer and meditation learned *how* to make his mind a link or channel that God can use to reach those in need.

There is no "magic" in this. Real help through spiritual channels is as law-abiding in its manifestations as the laws discovered by science on other levels; but the medium is a human personality, not a test tube, a magic incantation, or a drug. A doctor's training is such that in an emergency he does not have to think out from first principles what to do—he *recognizes* the pattern of disorder and sees at a glance what is or is not possible to do on the spot. His skill is shown in his competent *action*, not in theories.

Thus we need those trained in prayer so that their channels for communion with the Creative Mind behind and within our small corner of the universe are clear, so that in an emergency they can act as promptly as a doctor, immediately linking the sufferer with the greater life they have learned to recognize and serve, so reinforcing his depleted resources.

Dr. Alexis Carrel wrote: "Prayer is not only Worship, it is also an invisible emanation of man's worshipping spirit, the most perfect form of energy one can generate. The influence of prayer on the human mind and body is as demonstrable as that of secreting glands. Its results can be meas-

ured in terms of increased physical buoyancy, greater intellectual vigour, moral stamina and a deeper understanding of the realities underlying human relationships." ²

² Quoted by Dr. Christopher Woodard, *A Doctor Heals by Faith*, p. 51.

CHAPTER 6

Spiritual Healing and the New Physics

An attempt to bring paranormal activities and the world view of the new physics into a single world view and not two alternative ones is urgently needed. It is interesting that in *Physics and Philosophy*, Sir James Jeans says: "In this way we find that the atomicity of radiation destroys the principle of the uniformity of nature, and the phenomena of nature are no longer governed by a causal law—or at least if they are so governed, the causes lie beyond the series of phenomena as known to us. If, then, we wish to picture the happenings of nature as still governed by causal laws, we must suppose that there is a substratum, lying beyond the phenomena and so also beyond our access, in which the happenings in the phenomenal world are somehow determined.

"Events in this substratum are accompanied by events in the world of phenomena which we represent in space and

time, but the substratum and the phenomenal world together do not form a complete world in itself which we can observe objectively without disturbing it. The complete closed world consists of three parts—substratum, phenomenal world and observer. By our experiments we drag up activities from the substratum into the phenomenal world of space and time. But there is no clear line of demarcation between subject and object, and by performing observations on the world we alter it" (p. 172)

"In transcending space and time, the new quantum mechanics find a new background which makes for far greater simplicity and so probably comes nearer to ultimate truth" (p. 189). Compare this with the intuitions of the mystic who also finds it necessary to transcend space and time for any understanding of his experience.

As Sir James Jeans says, "The new physics suggests that, beside the matter and radiation which can be represented in ordinary space and time, *there must be other ingredients which cannot be so represented*. These are just as real as the material ingredients, but do not happen to make any direct appeal to our senses. Thus the material world as defined above constitutes the whole world of appearances, but not the whole world of reality—we may think of it as forming only a cross section of the world of reality" (p. 193) [italics mine]

"The new quantum theory has shown that we must probe the deeper substratum of reality before we can understand the world of appearance, even to the extent of predicting the results of experiment.

"It is no longer possible to know the exact positions of particles or of elements of radiation, and even if we could, it would be impossible to predict what was going to happen

next So far as the inanimate world is concerned, we may picture a substratum below space and time in which the springs of action are concealed, and it may be that the future already lies hidden, but uniquely and inevitably determined, in this substratum Such a hypothesis at least fits all the known facts of physics But as we pass from the phenomenal world of space and time to this substratum, we seem, in some way we do not understand, to be passing from materialism to mentalism, and so possibly also from matter to mind *It may be then that the springs of events in this substratum include our mental activities, so that the future course of events may depend in part on these mental activities*" [italics mine] ¹

This has been quoted at length to show how the new physics has led the way to the importance of our human activities as participating genuinely within the universe, not just mechanically determined by the past Mrs Salmon, Mrs Sanford, and all others who play any part in healing feel they are only "links" between the greater energies beyond and some specific need on earth They seem to have made contact with the substratum which is truly creative and determinative of what happens within the world of space and time Mrs Sanford referred to the actual healing agency as invisible, registered differently in different people

In my article on 'Pre-cognition—Some Implications' in the *Hibbert Journal*, July, 1951, the change in our traditional ways of thinking necessitated by pre cognition and telepathy was stressed Healing which occurs through *psi* levels raises the same problems It would seem to be involved on a considerable scale in some cases Specific healers may have some-

¹ Prayer would be one of the mental or spiritual activities that in this way would play a real part in determining the future

thing in their make-up akin to that of mediums who produce physical phenomena, materializations and moving objects out of reach of their physical range, which if oriented toward healing may, as Raynor Johnson suggested, act directly on the "aetheric" body of the patient, stimulating it to repair—in some cases with great rapidity and in others more slowly.

Although to postulate an "aetheric" body, savors of the occult approach, and as Raynor Johnson, who uses the term, himself stresses, may have to go the way of the physicist's ether, it is, as he says, a useful term to describe this substratum which is neither purely mental nor purely physical, but is responsive to either mental or physical happenings. This may be identical with the substratum to which Jeans refers as that within which causality on the phenomenal level is determined. Provisional *fresh* terminology is essential for mutual convenience in discussing paranormal phenomena.

In *New Dimensions of Deep Analysis*, a study in interpersonal relationships, Jan Ehrenwald says: "What is the physiological basis of hetero-psyhic sensitiveness and what are the means by which transmission of volitional impulses from 'mind to mind' may become effective? There seems to be only one way to deal with this baffling question. We have to throw overboard our traditional—yet scientifically unwarranted—concepts concerning cerebral localisation, and the mind-body relationship in general and replace it by a new concept which is in better keeping with both the old and the newly established facts" (p. 212).

Ehrenwald makes a very important point when he says: "We have to realise that *psi* is not an independent function at all. The available evidence rather indicates that *psi* elements are woven into a wide variety of ego functions and are

intimately blended with what we described as emphatic² and enkinetic³ attitudes in everyday life. They are part of our ordinary mental functioning and neither 'sub-normal,' 'para-normal' nor 'supernormal' " (p 281).

Moreover Professor C D Broad said, "We must consider seriously the possibility that each person's experiences initiate more or less permanent modifications of structure or process in something which is neither his mind nor his brain " ⁴

Professor Raynor Johnson adds another useful term to our understanding of the very complex problems involved in both auto psychic and hetero-psychic awareness by the introduction of "buddhic," with "buddhi" as the developed capacity for apprehension on the buddhic level, which transcends the psychic level involved in ordinary mediumship. He distinguishes between *psi* functioning on what one might call the infrared level, *below* that of our culture, and *psi*-functioning on the ultraviolet range, *above* it, through which inspiration and any truly creative functions can be manifested. The latter would involve intuitive awareness on the buddhic level, and the former on the psychic level.

Spiritual healers may function on either level, just as they may bring into play processes of suggestion emotionally that may actually hinder spiritual growth or evoke genuine faith in spiritual realities and effect a maturing of personality which

² Empathy is the imaginative projection of our consciousness into another person involving rapport.

³ Enkinesis is the imaginative projection of our consciousness into another person's motor or psycho-motor behavior resulting in the actual sharing of some of his motor vaso-motor, or glandular processes. Empathy is projection guided by perception. Enkinesis is introjected action guided by empathy.

⁴ *Proceedings of the S.P.R.*, Vol 43, p 437

may have therapeutic effects on the psycho-physical condition as well

Tyrell in *Grades of Significance* suggests that a medium who dissociates may actually have a wider range of apprehension in trance than the everyday personality, "tapping" the interpersonal level from which our normal habits of life tend to isolate our consciousness, though without annulling its reality. But such a dissociated personality takes no responsibility for what comes through the trance personality or control. There is a real need, as Raynor Johnson stresses, for educated scientific people to develop their latent *psi*-functions with as full an integration with normal awareness as possible, for "mastery" in this realm. This can only come through the genuine insight of those functioning *responsibly* and *reliably* within it.

Facts incompatible with Newtonian physics led to the newer quantum physics, which allows for these as well as the phenomena of classical physics. So in our study of personality and its place within the whole cosmos, the facts involved in telepathy, clairvoyance, pre-cognition, and some forms of nonphysical healing of physical conditions have breached the walls of the traditional dichotomy and are necessitating a revolution in our thinking and living comparable in importance to the Copernican one and also to the change from Newtonian physics to quantum physics. The influence of biological and psychological processes within the substratum determining phenomena widens the prospect for the future development of mankind, and as Julian Huxley suggests, we have a crucial role to play in the future course of evolution on this planet.

Du Nouy (also a physicist) says in *Human Destiny* "The moral and spiritual evolution of man is only at its beginning

In the future it is destined to dominate his activities" (p. 205).

"Sincere effort alone counts It is that which affirms the spiritual kinship of men and the link which it established between them is more real than any other A day will come when, as a result of evolution, moral perfection, latent in a small minority, will blossom in the majority, as will the universal comprehension and love radiated by Christ In the meantime the only way to prepare for its advent is to improve man himself By labouring to perfect himself, by building an inner temple, by judging himself without complacency, man unconsciously shapes a soul which overflows and extends all around him, anxious to diffuse in that of others To progress he must fight himself to fight himself, he must know himself if he really knows himself he learns indulgence and the barriers which separate him from his neighbours crumble little by little There is no other way towards human solidarity but the search and respect for individual dignity" (p 245)

"The destiny of Man is not limited to his existence on earth and he must never forget that fact He exists less by the actions performed during his life than by the wake he leaves behind him like a shooting star" (p 253)

"The wakes of Moses, of Buddha, of Confucius, of Lao Tse, of Christ probably exert a greater influence over humanity to-day than when these men were pondering over its fate and happiness No man ever disappears completely if he strives to do good and expects no reward outside of the joy of having contributed to the progress of mankind Our intellectual endeavours, our whole science will be of no avail if they do not lead man to a better comprehension of himself, of the meaning of his life, and of the resources buried in his inner self" (p 255).

Spiritual healing, in this sense, plays a real part in the actual evolution of man, bringing into play fresh resources that can transform both man and his world, and the next adventure of man may well be the exploration and charting of this sphere of happenings that can no longer be confined within the space-time realm or relegated to the limbo of primitives or fanatics, or written off as the happy hunting ground of the charlatan or quack who cashes in on our inability to extend our concepts to include such experience within a framework great enough to allow for its further development until it becomes as natural within that framework as the limitations and abstractions it transcends seem now.

Can we see real freedom as the possibility of bringing phenomena into their right relationship with the underlying substratum or noumenal realm, where they have been distorted by the mental activities of others, either recently or in the distant past. The corollary to this would be that failure to do so when possible is responsible for the perversions, misfits, errors, and disturbances in the actual world.

This conception of freedom would be compatible with genuine "Incarnation" and also "Resurrection" into the ultimate Mind-Body, after the full disintegrating effects of the failure to harmonize phenomena with their true background had been experienced and transcended in a genuinely "redemptive" activity. Spiritual healing would then be "natural" within the wider universe including the visible and the invisible aspects of life in harmony.

We all have a lot to learn yet. But I am sure that faith is evoked in the *presence* of a higher mode of being or level of activity, and that it is the responsibility of the "healer" to make a link that evokes a response in the patient, and not, as sometimes happens, throw the onus for failure on the patient.

There does seem to be an interpenetration of the mind of the healer, the patient, and the Creative Mind responsible for the existence of both; and *each* has a part to play, since a truly Creative Mind cannot override the conditions set for evoking real insight, understanding, and response to bring results about mechanically. When we learn *how* to co-operate adequately, results follow.

Doctors are trained to investigate and diagnose through the use of their intelligence and their intellectual equipment, acting *indirectly* on the patient *through* their remedies and surgical techniques, with all the apparatus for investigation available in modern hospitals. The healer on the other hand, who must be fairly developed on what Raynor Johnson calls the "buddhic" level, functions intuitively through contacts on that level, which *is* in touch with the actual condition of the patient. Such intuitions may come through clearly and cleanly if the ego is surrendered enough to keep out of the way, or distorted on the way by the less regenerate or undisciplined elements in the self.

Just as the doctor informs himself of what is going on in the patient through interpreting the sounds through a stethoscope, for example—making for the moment a single organism of the two—so the healer is informed, via the subconscious (or at times superconscious) contact with the other, of what is occurring in the body of the patient through a completely different channel. But again for the moment they become a single organism, so that the healer's own contact on a more developed buddhic level can channel through his own body a wider range of vitality than the patient's own buddhi are capable of contacting directly, and relief and healing in some measure follow. The healer's recognition when the patient has absorbed or responded as fully as possible at one

time "rings a bell" intuitively and he is "guided" to remove his hands

This does "make sense" of such healing through persons who don't diagnose the disease, but reinforce the patient's capacity to recover from it without this becoming magic or leading to a false supernaturalism which ignores all the laws of our mundane world, instead of creatively working through them in proportion to the intelligence and good will available

This would account for the genuine capacity of some unlettered folk with more developed buddhi and no body of organized knowledge to conflict with their intuitive wisdom, so that their own conviction and faith was unobstructed, and in their own certainty of the presence of a power or presence greater than their own they could quicken the buddhi of others temporarily beyond their normal range. But unless this is followed up by real insight, it can be dangerous and lead to expecting everything to be done from that level, so ignoring all the work of God through the intelligence he also gave us because he wanted to use it

It is the combination of both intelligence and all the scientific knowledge we have or can acquire with a high buddhic level, genuinely perceiving and responding to spiritual influences, that is needed. The "born" doctor or nurse, equally with the inspired or inspiring teacher, is contributing more from the buddhic level than he is aware of, and so contacts the buddhi of patient or pupil and gets better results than one whose intellectual development has put blinkers on his deeper mind

In *A Doctor Heals by Faith*, Dr Christopher Woodard, a Harley Street physician who also heals by faith, at times going beyond the range of capacity of his technical knowledge

and skill, says: "For myself I believe, as a doctor, that one should use in healing all the modern discoveries of medical science, but combine them with 'guidance.' It is impossible to generalise, but I find in my own experience that God uses all sorts of channels of healing: they may not necessarily fit in to one's picture of what is right or wrong according to medical etiquette (p. 37). . . . As an ordinary doctor I should say that the great advances in surgery and physical medicine with such things as penicillin, are going to be made to look very ordinary indeed alongside the great spiritual awakening and healing of mind that will come in this generation" (p. 41). He goes on, "I believe there exist certain 'waves' in the atmosphere which can only be used by people who have developed a quietness of mind. The true contact with our Heavenly Father that some great saints have been able to have, is not just something given to one or two outstanding men or women, but something which all of us can grasp if we will—something as positive as wireless waves or sound waves, but as yet undiscovered by scientists. I believe that the next great discovery of scientists will be the discovery of these waves, waves which produce peacefulness, quietness, harmony, and indeed remove all the conflicts which make the average human life such a turmoil.

"The conscious cultivation of this sense of quietness can do more than anything towards smoothing out the tension in all of us" (p. 117).

"I believe the next great step forward in Man's progress towards uncovering all that God has given us is the realisation of the existence of healing powers on the spiritual level which, as yet, have not been understood, though they were seen very clearly when Christ was on earth."

In *Psychology, Religion, and Healing*, the Rev. Dr. Leslie Weatherhead writes: "It is probable that the psychologist of the future will know how to develop an extra sensory faculty enabling him, without going into any trance state, to perceive, possibly by some form of telepathy, the mental condition of the patient. The psychologist of the future may even develop an ability to read the unconscious, so that diagnosis will be easy and treatment direct. Some of the Eastern systems, like Yoga, may well play a part here. I believe them to be of immense importance in any elucidation of the soul-mind-body relationship" (p. 486).

He goes on: "I want to make an appeal to the Churches and their members to recover the lost art of healing through the direct action of God. This is true spiritual healing.

"We may usefully note that Christ's healing powers made use of certain psychological mechanisms within men's personalities. But to compare the power released in personality by the slow and doubtful methods of psychotherapy with the power released immediately by Christ is like comparing the power of rust to eat through an iron bar with the power of an oxyacetylene flame" (p. 488).

Some of the examples quoted previously give us indications of a power being released again today that is comparable to the superiority of an oxyacetylene flame over rust. Moreover, the intuitive insight into the real needs of a patient, the kind of higher psychism referred to by Dr. Rebecca Beard, illustrate just such an extension of capacity as Dr. Weatherhead refers to as needed in the psychologist of the future. May the way in which the psychologist of the future can encourage the development of such an extrasensory capacity depend upon a development of his capacity for prayer and for work-

ing in conscious dependence on God? Dr. Woodard, as we have seen, uses all his medical knowledge and skill and combines this with "guidance" and so finds he is able to go beyond the range of his strictly medical competence at times. This perhaps gives a lead to any psychologists who realize both the validity and the limitations of their own contributions and knowledge to explore the possibilities of the upper reaches of their experience and capacity, so awakening it on the buddhic level, the need for which is stressed both by Professor Raynor Johnson and Dr. Weatherhead.

The latter himself says: "The intercession of people united in love for Christ and living disciplined lives, and the laying on of hands, by a priest or minister or other person who is the contact point so to speak, of a beloved, believing and united community standing behind him and supporting his ministration to a patient who has been taught to understand the true nature of Christian faith, are clues well worth following up. This is the true ministry of the Church as such, and in a sense, has nothing to do with psychology at all. This is the ministry which must be recovered and which only the Church can do. For this ministry the words 'spiritual healing' should be reserved" (p. 488).

It is not, however, easy or possible to limit the terms "spiritual healing" to any one form through which the activity of God is made manifest. It is natural that those who have experienced its reality should tend to evaluate the way in which it was operative in their experience or ministry as the truest form of spiritual healing. The conflicting claims for this, as well as our denominational differences, show how deep-seated is the tendency to take our own experience as the norm. God works on a wider scale than any of our formulations and practices, though naturally some are more adequate than

others As has been repeatedly stressed in this book, we need to recognize God's handiwork through channels other than, and even at times alien to, our own Just as it has been found impossible to confine the term "psychoanalysis" to the Freudian form, which claims the strict monopoly of it, so that it is used popularly to include all forms of depth analysis, so in practice "spiritual healing" will inevitably be used to cover a wider range of nonphysical healing methods that do bring spiritual realities into play than would be sponsored responsibly by specific religious bodies who have developed or are developing procedures operative within the whole context of their life and faith The suggestion has been made to use 'The Church's Ministry of Healing' to cover the kind of healing flowing from such a fellowship as Dr Weatherhead describes as the true function of a Church, so as to avoid the confusion of this with faith or spiritual healing in popular usage

A community *living* on the level Dr Weatherhead suggests would certainly channel greater spiritual resources than our present very imperfectly harmonized congregations are able to do But God does seem to work directly through a well-equipped hospital and a well integrated team in an operating theater, just as he is hindered by faulty organization and equipment or disharmonies between the staff It would seem that where fellowship is *real*, Christ can work through it on various levels As he himself said, "Where two or three are gathered together in my name there am I in the midst of them" It is when we remember that and allow him to come into direct action in such a setting, whatever it may be, that we find that results going beyond the range of our own limited competence do in fact occur

As Dr Weatherhead says 'Let us never forget that there

is a spiritual power to heal which has not been withheld. It has only been unappropriated. The slow development of our spiritual receptivity and insight hinder the recovery of thousands who could be healed by true spiritual healing" (p. 495).

It is obvious to us all today that our technical and scientific knowledge has outpaced our spiritual development so that if we could bring all the resources of modern knowledge into action effectively, a vast mass of the world's suffering could be abolished. If human need came genuinely first, we could free the world from many diseases in a single generation by concerted action and adequate financial backing for all that is needed. But our social and political organizations, as well as our religious ones, are not yet adequate to this and we need to participate in both social and international relationships to eliminate many of the causes of disease that it seems presumptuous to expect God to intervene to cure directly while we perpetuate their causes. Science knows no iron or bamboo curtains in its search for the truth based on experiment and experience. Scientific control only comes from a real recognition and acceptance of the nature of the phenomena involved. Whether atomic energy is used to destroy life, or to replace some of the kinds of work, such as coal mining, which condemns so many to a life underground, and so set free men for a more creative life, depends on our overcoming fear internationally and so being able to turn our energies into productive channels for the well-being of all. Such an aim must surely be the ground of the Christian contribution to the world fellowship we all now realize to be the only adequate defense from atomic and hydrogen bombs. The kind of knowledge that has resulted from scientific research is as essential under temporal conditions as the spir-

itual maturity and wisdom and insight to use it aright This is shown more fully in a chapter on "Scientific Thinking and Religious Experience" in *Life, Faith and Prayer*⁵ by the present writer *Both* are essential for the fullness of life

Dr Weatherhead rightly says, "Miracles are not to be excluded On a higher plane of being they are normal, law abiding happenings . . . They are supernatural but not contranatural" (p 489)

Professor Karl Heim, of Tübingen, as a theologian with a possibly unequalled knowledge of modern physics and its implications which alter our whole world view and make it possible to transcend the old *either-or* conflict between natural science and religion, sets miracles within a new context The old conception of a closed order of nature, mechanistically determined throughout, in which God could only intervene *ab extra*, suspending or breaking laws on the natural level, has been as we have seen, undermined from the side of physics itself In *The Transformation of the Scientific World View*, which came to my notice after the text of the present book was written, Professor Heim includes a chapter on "The Problem of Miracles in the Light of Modern Natural Science," and a few extracts may usefully show the convergence from various sides of the main thesis of my own work as a bridge—or at least stepping stones—between various approaches to our real problems in a scientific and industrial age, to which our social and spiritual development is not yet adequate, and which is actually at the root of many of our diseases and stresses

The process of nature," as Heim says, 'has assumed a form such that a Divine Will can stand behind it A miracle

⁵ Allen and Unwin, London, and Oxford University Press New York.

then, can no longer consist in the intervention of a will in the behaviour of a machine. . . . The question then arises as to what will be the significance of miracle seen from the present world picture of physics" (p. 173).

"Think of the dramatic scene recorded in Mark 9," Heim goes on. "In the absence of Christ the disciples had tried to heal a possessed youth and they had failed. Christ came back and expressed the strongest emotion in the words, 'O Faithless generation, how long must I be with you! How long must I put up with you. Bring him to me!' The interposition of faith by the disciples was too feeble to overcome this strong enemy. Then Christ Himself takes the field and settles the issue.

"Miraculous events of this character," Heim continues, "are only understandable on the hypothesis to which we have also been led by the latest developments in physics, that the process of nature in its deepest essence is not a dead mechanism whose course is laid down in fixed terms, but that it is something which in some sense is alive, something which man may influence by the interposition of the will in the same way in which he can affect a human opponent" (p. 175).

"There is something highly mysterious," says Heim, "about the commonplace act of will whereby we order our hands to grasp a particular tool . . . nevertheless, knowledge that the order will be carried out is undeniably there. This certainty is like something granted to me from the hidden depths. Only if the knowledge is present am I able to will and give orders to my members.

"In this everyday occurrence of the movement of our limbs, therefore, with its background of stimuli through nerve channels, we are already confronted with the mysterious fact

which Jesus expresses vividly in the general statement recorded in Mark 11:23, 'Truly I say unto you: Whosoever shall say to this mountain, Bestir yourself, and throw yourself into the sea and shall not doubt in his heart, but shall believe that what he says comes to pass, he shall have it' Jesus does not say that a particular man can transfer a mountain into the sea by uttering a magic word. He merely says that if every trace of doubt has been banished from the heart in respect of some event, *then that event will come to pass* [italics mine]. Clearly no one could utter such a ridiculous command without feeling doubt about its fulfilment. But it is precisely upon this 'not doubting' that everything depends . . . The certainty we enjoy in respect of everyday behaviour is only possible because we are reaching out into a dark future with a clairvoyant assurance that what we resolve upon will indeed happen. This is the inner structure of every act of will." ⁶

Heim also goes on to show that influences from the mysterious factor involved in "believe and do not doubt that it will happen" are not only effective within our own organisms, but can effect changes in organic and inorganic bodies at a distance. He quotes from Liek, in *Miracle in the Art of Healing* "Zeileis, a famous healer at Galspach near Ling, cured cases of tuberculosis, cancer, epilepsy, diabetes, arteriosclerosis, blindness and paralysis. It is clear, therefore, he says, that it is not merely 'nervous' but also organic illness, i.e. not merely psychopathic functional disturbance, but also anatomical afflictions which are open to be influenced in psychic ways. The real magic was in Zeileis the man, in that he

⁶ Compare Man is the only animal capable of making a promise, of making himself responsible for a bit of the future. We do not always realize the implications of this, on which the smooth running of daily life depends.

understood how 'to create around himself a sphere of confidence' " (p. 179).

Heim points out that the power of the words used to bring conviction to a patient resides entirely in the inner disposition of the doctor from which the words emerge. This may be compared with Jung's view that the therapeutic effects in deep analysis depend on the spiritual qualities in the doctor. "Liek," Heim says, "can say no more than this, 'Beyond question, there are men who give out power,' 'dispensers of power' to whom may be applied what is said of Christ in the Gospels, 'And all the multitude sought to touch him, for power came forth from him and healed them all' (Luke 6:19). Other men, and Liek counts himself one of them, are quite simply unable to get to the point of believing and not doubting. And of course it is precisely those with good scientific training who find it much harder to shake off their scepticism than do naïve laymen. They are generally to be found, therefore, in the ranks of those who do not give out power, but rather absorb it and 'to a certain extent may be said to live parasitically on this psycho-spiritual level' " (p. 182).

"Liek," Heim goes on, "who is a doctor, ventures to write this far-reaching sentence. 'There is no functional disturbance in the living body, no illness, whether we call it functional or organic, which is not amenable in a greater or less degree to influence brought to bear on the soul. This, to take a most grim example, is true even of cancer.' "

Heim then says, "In principle, therefore, no limits whatever are set here to the spiritual influencing from within of the process of illness. This fact has a liberating effect, especially when one considers the paralysing effect on the soul of an invalid of the thought, characteristic of the age of causal mechanism, that the infirmity must take its course through

his body with the unalterable necessity of a machine and that he is caught and mangled in its merciless wheels . . . now we are able to break free from the overwhelming power of this causal-mechanical picture of nature which works on suffering people like a 'bad suggestion' and *hinders them from bringing their spiritual power into action against the disease*" (p. 184) [*italics mine*].

This is an important point, confirming my own convictions that disease is a challenge to overcome it and not to succumb to it as if it had been sent by God, and that where there is faith enough to mobilize our own spiritual resources, which seem to put us in touch with a wider range of power than our own unaided ones, the issue is not decided only by the actual nature of the disease, infection, or accident, but by the total reactions of the person, psycho-physical and psycho-spiritual. A doctor's lack of faith in this possibility may indeed hamper the recovery of a patient for whom he is doing all he can on the physical plane. Heim thinks such faith belongs to the inner structure of the whole world process and thus transcends the distinction between natural and supernatural events.

In *Christian Faith and Natural Science*, he writes: "On our entry into the discipleship of Christ we see the whole of reality with new eyes. We are admitted into a higher order and are able to receive what this higher order affords us. We are like a radio antenna that is attuned to the invisible waves which pass through the entire universe" (p. 192).

Heim goes on, "This 'Cosmic Ego' is the meeting point through which all the beings which are shut off from one another may enter into direct communication with one another" (p. 216).

The effects of intercessory prayer, reported from so many sources today, become intelligible if in this way there is a linking up of all lives *within the context of their significance for God*. A conscious recognition of and response to not only our organic and social solidarity with the whole universe open to scientific exploration, but of a spiritual solidarity which transcends all lesser structures or principles for organizing experience, including them within an Eternal participation within the Whole which fulfills the true nature of all lesser "wholes," opens up a new dimension of experience capable of transforming the disharmonies on other levels creatively. Prayer becomes thus a real factor in the course of history, linking the eternal and temporal aspects of reality in action which modifies the temporal and contingent elements in experience, bringing them into harmony with their eternal background. Action, as Heim points out, is *simultaneously* ordered on different principles in the two dimensions involved. Common references are made to a horizontal and a vertical dimension, and reality is sometimes described as at their point of intersection. But this is inadequate. The horizontal and the vertical dimensions are indissolubly united by the line joining their furthest points together, so making a triangle, infinitesimal or infinite in range as the locus for reality and not just the point of intersection. All events in this way can be seen to be differently orientated toward either the horizontal or the vertical dimension, while maintaining their structural configuration unchanged within the triangle relevant to the base joining the two sides together. This symbol does show the possibility of the simultaneously different principles of organization stressed by Heim.

This symbolism came to me when wrestling with the prob-

lem of how to reconcile the scientific and religious standpoints—which seemed to be getting further and further apart the more detailed knowledge and experience was gained from either side, and yet neither could be discarded—long before I came across Heim's recognition that the paradox can only be reconciled or resolved by the co-existence of two spaces, polar space, the space of our everyday world, and a suprapolar space, reconciling and making possible events that are impossible on the *either-or* level of the polar space itself.

Realizing that the impasse, so far as discursive thought was concerned, was at that time complete, I reached out to "The Good that has no opposite," the transcendent level which can only be approached on the knees of one's soul when the need is critical and urgent and all one's own resources are inadequate, sure that light *would* come and that the increasing divergence, as of two ways at right angles to each other, could not be the final insight. My mind was held quietly confident, without any imagery, for some reconciling symbol to be thrown up from the deeper levels of the mind wherein the contact with God is real, in a very deep silence. Then suddenly the symbol came. The two divergent ways were the two sides of a right-angled triangle and were thus, indissolubly held together, however far they might diverge.

This came with the sense of rightness and real insight. It could be seen to be very far-reaching in significance, since the structure involving the orientation of all within it could be seen to be the same whether the triangle was infinitesimal or infinite, thus allowing for an indefinite increase in the range of knowledge and experience within a unitary framework. This meant that measurements, pointer readings from either level alone, are, as was shown from the side of physics,

abstractions from the reality whose true configuration can only be seen from the base line that includes the whole area in between, which is probably what Heim would call "The Space of God," and the locus of true miracles.

CHAPTER 7

Suffering and Service

The idea of suffering and service were linked together centuries before the coming of Christ by Isaiah's portrayal of the "Suffering Servant." Later this was taken to have been the foreshadowing and foretelling of Christ's redemptive passion.

But we need to be clear about this. Not all suffering is redemptive, not all suffering is creative, not all suffering serves the purpose of God.

Christ's whole ministry seemed to be spent in trying to *relieve* suffering, to cure disease, to forgive sins, to make men whole; and in Gethsemane he dreaded the crucifixion with a spiritual healthy-mindedness which was essential to going through it *freely* enough for it to be truly redemptive. The suffering was not an end in itself, but "for the joy that was set before him" he had to be able to face wholly, completely,

and freely all that the evil in the heart of men could inflict in order to *win* them to the new way of life, the way of love, that in the long run would abolish crucifixions and the setting of man against man and bring in the kingdom of God in which love reigns supreme

The need here is to realize what true "love" is. It cannot be mere liking, nor emotional attraction. It must be a response of spirit to spirit, however entangled in unreality it may be. It is a seeing through the appearances, the mask, the *persona*, to the reality within, behind, and beyond it. It is a seeing of the inner light striving to dispel the shadows and so recognizing the shadows for what they are, shadows, not true substance, and, seeing the reality which is only visible to the eyes of love, love reaches out and makes a creative contact with the other, which helps the other to break through a little more fully into the light of truth and reality.

Love is a seeing in all things their true nature and significance, seeing everybody and everything as part of the pattern of the great whole and reverencing the pattern that "rings true" and so falls within the kingdom of heaven.

With that in mind we can see that the idea that suffering as such was sent by God to be endured, or that self-inflicted tortures by some morbid ascetics served the purpose of God, has to be outgrown and left behind before the kind of *creative suffering* we call *redemptive* becomes possible.

Suffering is of many kinds, physical pain, emotional distress and mental conflict, mental and spiritual pain at the loss of loved ones or their suffering. Suffering may be due to disease, to infections which upset the harmonious balance of internal processes involved in health, to accidents that mutilate whether due to natural forces or to fighting among men, whether due to the blowpipe of the pygmies or the atomic

bombs of our own age. It may be due to disease in the mind itself, which cannot cope with reality in the form it has presented itself and so turns in on itself. The widespread psychoneuroses and psychoses today show how real a problem this is. It may be due to sin, to a turning away from the course of action known to be right, either because we don't want to pay the price of doing the right under circumstances where this entails some kind of suffering, or because we want the short-lived pleasure of the moment more than the integrity of our long-term aims. Such sin entails suffering on a deeper level, and real remorse is the painful sign that we are coming to our senses again, but that, in the meantime, some irreparable damage has been done—irreparable at least on our ordinary plane of living. The murderer cannot bring his victim back to life again.

It may be helpful to distinguish these different kinds of suffering first on the natural plane and then on the spiritual plane.

Although disease occurs on the natural level, in animals as well as in man, it is not "natural" in the sense that physical life is natural—it is something that *upsets* the balance of life, something that handicaps the organism, whether that is a dog, a cow, or a man, something that may upset it so badly that life cannot maintain the co-ordinated activities essential to it, and the animal or the man dies. Life is always on the side of health, always striving to maintain itself, to compensate for injuries, to overcome infections, and we can help or hinder by our treatment of those who are suffering in the process.

From the spiritual point of view, if we recognize and reverence the Creator through his works, we see in this that God is on the side of health, and he is in all the efforts to lessen

the suffering due to disease, in all the work of doctors and nurses. If God "sent" disease, life would be divided against itself and would be impossible. As Christ said, a kingdom divided against itself would not stand.

Yet the conditions of life on earth are such that disease can, and does, occur, and that possibility is the result of the very complexity of chemical and physiological processes through which life is maintained and propagated. The greater the complexity, the higher in the scale of organization, the less the disturbance needed to upset the delicate equilibrium.

Such suffering as is entailed in disease on the "natural level" can be thought of as the price paid for this organization, an organism capable of such high functions as those involved in maintaining and propagating itself, which is the essence of life on the natural plane—and the basis for any higher developments possible to us in life under earthly conditions. In that sense, it can be taken up into a spiritual context and be seen as "vicarious suffering"—the many who succumb and are lost pay the price for the successful ones, and immunity is actually transmitted to some of those who follow. (Natives in countries not previously exposed to measles, for example, go down with it very badly, whereas it is a minor complaint among us, most of whom have survived it.) The defenses against specific infections have to be developed, *in situ*, within the body suffering from it, helped as may be by external treatment.

Then, on the human level, we find diseases that are caused by emotional reactions and mental conflicts. The body can't adjust adequately to a divided control and may break down on its job. Here double treatment is necessary: physical symptoms must be relieved, but the major problem is to cure the mind and that needs faith and love that must at first be

given from outside to restore confidence in life and love again—unless this is forthcoming, recovery will not be possible—the patient will have literally died for “lack of love” This again shows how central life and love are, and the real call to all, Christian or humanists, to draw upon all resources to minimize and lessen the suffering caused by our faulty way of living, by fears and hatreds, by wars and “man’s inhumanity to man” God is not in the “inhumanity” which brings about the suffering He is in and behind the *humanity* that seeks to relieve it—Christ said whoever gave a cup of cold water in his name, the name of Love, or who fed and clothed the hungry and the naked, did it unto him

In seeking to prevent or cure disease, we are serving life itself and we are serving God in so doing How then can this be linked to the idea of the Suffering Servant and the Passion of Christ? How can suffering serve God if God is on the side of and behind and within those who seek to lessen it?

There would seem to be two ways of reconciling this paradox The first concerns the ‘victim’ of accident or disease, which has come upon him through no specific fault of his own He may resent it, may be resigned to it, or he may be willing either to learn through it himself or to let others learn through it, as, for example, doctors have learned through their failures to cure some, how to cure others In so doing, that spirit is sharing in the whole venture of life, *even as a casualty*, as a part of a wider whole in which his suffering can be creative or redemptive The disease, which has impaired the quality of life on the physical level, has made possible a *voluntary*, and not an involuntary, participation in the life of *mankind*, not just of the individual—participation in maintaining and propagating life itself even through

suffering, which brings into being a higher *quality* of life, a spiritual element engendered within the very setting that seemed to preclude it. Though not all sufferers react like this, yet there have been many who have found their true life in and through an illness that threw them back on God and *they found God was there*. They became aware of a greater Intelligence than their own and of its loving concern as real, which transformed the rest of their life.

The second concerns those who put their own health and strength at the service of those in need, as doctors, nurses, probation officers, clergy, and all who deal with the mentally, morally, or physically handicapped from a real desire to relieve it. This brings them into touch with so much distress and suffering, and they are so involved in it, that like the Great Physician, they do serve God through their lives in contact with suffering, instead of in escaping from it in less arduous and exacting work. Again it is the *voluntary* element in this that makes of this a redemptive activity. This leads to the final link between the 'Suffering Servant' of Isaiah and the climax of Christ's ministry in his crucifixion by those he came to save. His way of life, of love, challenged all the selfishness and self seeking in mankind, his call to transcend self interest, to be willing to lose life itself if need be, to follow him, led to the point at which to be true to it, he had to accept the consequences and lose his *own* life—or, by clinging to it in its earthly form, betray the whole tenor of his life. It is comforting and heartening to realize the intensity of the conflict between the natural man, even in the sinless Christ, and the demand made on him by the actual situation, when we shrink from some "cup" we see just ahead of us. Yet his faith in love and loyalty to all he had striven so long to make others realize was the *true* life.

triumphed in and through the agony that challenged it, as a love beyond the power of even death to change. In that spirit, we can in our own small measure transform suffering into service, not by resenting it or being resigned to it, but by accepting it as a challenge and an opportunity to overcome it and so by losing life, or something of life, on the natural level, find ourselves participating in the whole miracle of a life that transcends our own, and is beyond the power of anything on the natural level to destroy.

CHAPTER 8

Healing—Medical, Psychical, Psychological, and Spiritual

Some of the more widely accepted and less experimental aspects of our healing heritage and immediate resources for health through intensive fellowship and disciplined training in the arts and sciences of healing have been treated thus far. In conclusion, however, there is a welter of material in occultist literature that sorely needs disentangling from the naïve evaluations and interpretations put upon it. So often they have prevented scientists from taking the subject seriously. Nevertheless, as alchemy developed into chemistry, so the recognition that there is a psychical capacity—the *psi*-function—which is part of our make-up, may lead to the genuine development of parapsychology as a branch of science.

Marrett, the anthropologist, refers to two distinct attitudes

to and ways of dealing with disease amongst primitives. On the one hand, there grows up a body of practical experience in dealing with wounds, accidents, and childbirth, as well as the medicinal properties of herbs. This is the forerunner of modern scientific medicine. On the other is the medicine man, or shaman, who has a "call" and trains arduously and ascetically to develop his "healing powers." If he loses these subsequently, he ceases to "practice," thus showing a genuine honesty of purpose and a conviction of the reality of the power he once had.

Probably the shaman has a larger proportion of whatever is involved in the *psi*-function, to use the name given to extrasensory activities, than the normal individual, and by concentrating on developing this, a more conscious control of it may be obtained. The impressiveness of some of his predictions and apparent foreknowledge would increase his prestige, and *faith in his capacity to heal* would also bring into play the effects of suggestion.

Such shamanistic healing probably will always have had in it a mixture of genuine *psi*-activity and subconscious psychological reactions to this on the part of *both* shaman and patient. This is probably true of all faith healing throughout the ages. Christ could "perceive that virtue had gone out of him" when the woman with an issue of blood touched the hem of his garment, in the midst of a crowd, and yet could also say to the woman, "Thy faith hath made thee whole."

Many modern psychiatrists try to build a bridge between the physical and the psychical, and to combine the functions that separated out into science and occultism within a single more comprehensive unity. They bring the parallel with the primitives into full circle. Dr. Millais Culpin said that when he realized the increasing complexity of psychopathology, he

lost the capacity he had once had of healing rapidly hysterical dissociations, such as a paralyzed arm, a deaf mute, or other such symptom. Is this comparable to the shaman who loses his healing power, a not unusual phenomenon?

This, however, raises the very important query as to whether the occurrence of psychical activity is a regression to the more primitive or whether it is an advance guard of the race, the forerunner of a more whole natured response to reality.

Dr Graham Howe regards psychical research as the new and most needed next adventure of our time. Professor Broad, in philosophy, shows how great a modification of our traditional methods of thinking telepathy and pre-cognition involve. Dr Soal has suggested that a study of spontaneous happenings might provide the clue to the psychic riddle *if only we knew how to think of them*¹

The time therefore is ripe for some such attempt.

Much psychological research has revealed the extent of the hinterland beyond our normal consciousness, and this may provide criteria for discrimination which were lacking in earlier ages, when the "unknown" was equated with demons, gods, or God. Parapsychologists and psychical researchers have explored some of the happenings in the confused welter of spiritistic and occultistic literature so as to indicate the reality of some phenomena (e.g., telepathy and pre-cognition) as not just phantasy productions of the human mind, but as *having a definite relationship with objective happenings external to the observer*. Moreover, dreams and visions are being studied and found to be significant in the life of the dreamer, and at times for the tribe or the race.

The churches are reviving spiritual healing, and clairvoy-

¹ *Hibbert Journal* April, 1950 (italics mine)

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ance and telepathy seem to occur in some developed spiritual lives as they develop their prayer life deliberately

A major difficulty in the past has been that the psychical researcher, while applying stringent tests to eliminate fraud and prevent any physical manipulation of the phenomena of the seance room, has been largely unaware of the possibility of multiple personality, and that "controls" could, in all good faith, possibly express a dissociated "complex" of the medium. This could grow into a more developed pseudo-personality through interacting with those present in the seance room. The controls expressing such complexes might "compensate" for deficiencies in personal life, and so checks on their nature must be provided before the evidence for genuine spirit communication can be established in each case.

On the other hand, many psychologists have ignored the possibility of "telepathic leakage" between analyst and patient, and tend to attribute all to the "unconscious" of the patient. The possible validity of any psychic experience has often been discounted in advance, and the sanity of the supposed "psychic" has been suspect. In *Medical Psychology and Telepathy*, Dr. Jan Ehrenwald shows that it may be more scientific and therapeutically helpful to recognize that some patients are more open to hetero-psychic influences subliminally, and these need to be distinguished from the psychological processes involved in mental disorder itself. This is a great advance toward bringing order into this field of research. Dr. Bendit, in *This World and That*, said that many of his troubles as a child were due to his being sufficiently para-cognitive, without realizing it, to get into bad psychic tangles, which no amount of subjective analysis could undo. Dr. Bendit is a psychiatrist and his wife is a clairvoyant of exceptional ability. Their joint work shows the importance of

recognizing *psi* factors both in health and in disease. This is bringing the sporadic work of "healers" into relationship with the whole field of medicine.

No single approach to this exciting and baffling "no-man's-land" *between* persons, is adequate. As far back as 1922, Dr. T. W. Mitchell showed that among the pseudo-personalities of Doris Fischer, a case of multiple personality, there was one that could not easily be accounted for. This one showed a much more mature wisdom. It seemed to him to point either to a more mature spirit manifesting through Doris (Sleeping Margaret, as she was called, gave directions and tended to manage the "case") or that in the deeper levels of personality we are in touch with a wider realm of experience than everyday sense happenings can account for, and so in some way we can contact a transcendental realm.

The occultist with much experience in this line will tend to think that the questioning and critical approach of the scientist lags a long way behind truths he already acts upon. But in the long run the critical approach, so long as it is combined with *a real respect for the phenomena*, seeking the most adequate explanation and not to explain them away, must bring us nearer to a real understanding of the part played by such little understood forces and activities. This would bring greater ability to co-operate satisfactorily with the vast spiritual environment within which our individual lives take shape. The truth has nothing to fear from honest investigation. For the risks of self-deceit are inherent in our psychological make-up (consider the difficulty of disentangling phantasy from reality in infancy, both in the individual and the race) and therefore the critical approach is a sign of mental health.

The more recent work of the parapsychologists has, how-

ever, made it more difficult to distinguish between a mediumistic "control" which might be a secondary personality of the medium, and a discarnate spirit as claimed. This is because a secondary personality might develop in touch with an extended range of psychical capacities and thus, either telepathically or clairvoyantly, "tap" more than the normal personality. It is highly probable that this could explain some of the evidence taken to prove spirit control, since in the dissociation of a state of trance, any secondary personality would be likely to be more responsive on that level than the normal one.

This, of course, is not meant to rule out the *possibility* of actual communication between the living and the "discarnate," but it makes it more difficult to *prove* and does open the door to an alternative explanation which must be taken into account if the truth is to be discovered in any particular case. Where, however, you have cross correspondences in the communications made to several mediums, none of which makes sense by itself, and only makes sense if some one communicating mind is deliberately dividing up a message between them, there you have the most striking proof of the probability of genuine spirit communication. Some of the evidence is of high standing.

It seems to be important to distinguish between psychical, psychological, and spiritual processes or activities. It is a help in the process of disentangling genuine elements from sheer phantasy to recognize that the same psychological processes involved in formulating, symbolizing, and dramatizing our experience are used not only in bringing into consciousness elements within the subliminal self "picked up" by extra-sensory methods, but also in expressing unconscious aspects of our own selves.

Moreover, to distinguish psychical "perception" and interaction from the psychological reaction to them is to make possible a new *evaluation* of the difference between psychical, psychological, and spiritual healing.

True spiritual healing must involve a "making whole" of the personality. Its value is expressed in actual *insight* and *integration* and is shown in the quality of life.

Psychological healing may function on the mental or the spiritual level. For example, the use of suggestion to cure some symptom, such as stammering, is on the mental level. But it still leaves the underlying personality problems undealt with, for the sufferer has not gained any insight into the conflict between something he wants to display and simultaneously wants to hide, which is often at the back of stammering in early life. Suggestion may remove the stammer, but the personality is not "made whole" and fresh symptoms may arise later. Whereas if by the technique of analysis, the stammerer can be led to realize for *himself* the basic conflict and find a more mature way of dealing with it, this is a truly spiritual process, whether the work is carried out by a psychiatrist, lay therapist, or religious psychologist.

Much so-called "spiritual healing" operates on the mental level via suggestion. The results may be dramatic, but without insight on the part of healer or healed, and so mental instability is often increased. Further confusion may follow where psychical processes have been brought into play as well and the results of these have been taken to be specially "divine."

PSYCHICAL PROCESSES ARE NATURAL

If it could be more generally recognized that psychical processes are as natural as any other part of our make-up,

the "prestige" of the uncanny and mysterious would diminish and suggestibility be lessened.

Suggestion is a two-edged weapon: helpful as well as harmful ideas can produce results. For example, if a child is told it will be sick if it rides with its back to the engine, this may make traveling a misery for life, unless someone counteracts the harmful suggestion. This, however, is not to decry the use of suggestion in trained hands, for what suggestion has caused, suggestion may cure.

It is possible to distinguish between the natural capacity to translate an idea into action—the ideo-motor reflex, as it is called—and acceptivity, or the degree by which we are prone to accept any idea uncritically on emotional rather than rational grounds. We may be highly suggestible, without criticizing the source and value of an idea, or we may be critical and little influenced, and this can be modified by training. But the ideo-motor capacity seems to depend upon an actual constitutional factor which varies in different individuals and is little modified by experience.

If we look upon the human being as functioning on physical, psychological, psychical, and spiritual levels, disease may be due to a disturbance or disorder on *any* of these. Which-ever is the primary focus for the disease, the whole psychophysical organism must be affected. Healing, therefore, must take into account both the actual pathological condition, whether physical or mental, and the effects of this on the rest of the personality.

For example, a man may break his leg, a physical happening. This may mean losing his job, which sets up psychological tensions and anxieties as to how he will manage to provide for his family. He may also feel resentment against someone whose carelessness was responsible for the accident,

or against life itself, and this resentment may greatly slow down the natural healing processes and the bone may take a long time to knit together. Treatment, therefore, even for a fracture, must include dealing with any resultant worries on the psychological level, and also an attempt to eliminate the resentment by a spiritual approach. Or a severe and prolonged anxiety may give rise to an ulcerated stomach, and though the primary cause is the anxiety, which needs to be tackled, the physical effects have to be treated on their own level too.

Again, in connection with psychic disorders, there will be repercussions mentally and physically, which are not likely to yield completely either to mental or physical treatment without taking the psychic factor into account.

For example, someone attending a séance may "pick up" some influence subconsciously through the "*psi*-function" and be unable to distinguish this from the contents of his own subconscious mind. The confusion, if this happens frequently, can entail a real deterioration of personality. No merely psychological analysis will be really effective unless the psychic aspect is distinguished from the psychological processes involved in the attempt of the personality to cope with some influence not inherently part of itself. If this discrimination, however, can be effected, then a psychological re-education may enable the individual to become more resistant to the impact of psychic happenings. Also, increasing insight will enable a positive response to be made to any such effects in future.

This is important, since the recognition of the reality of evil influences, as well as good ones, seems to be inseparable from any successful attempts to heal psychically or spiritually. Interpretations differ as to what is involved. Is posses-

sion by evil spirits still a possibility, or has modern scientific knowledge explained them away?

The *reality* of forces that can overthrow reason must be accepted. Some think of these as due to a literal invasion or possession of the personality by specific evil spirits. Jung, on the other hand, stresses what he calls the "devil dominants," a residue or deposit of the experience of the race within what he calls the "*collective unconscious*." Such devil dominants, if they do break through the control of the conscious ego, are *bound* to seem to be an invasion from without, since they come from levels beyond the direct insight or control of the ego. Moreover, having behind, or rather within, them the collective power of the race, they obviously seem to be stronger than the conscious ego.

Whether these are conceived as actual evil spirits or as autonomous complexes, capable of overwhelming conscious control under certain conditions, some power *other* than the ego must be sought for healing. On the primitive level, the help of the shaman may be sought, to mediate the power of the gods and so relieve the sufferer. Later, prayer to God may so reinforce the ego that it becomes able to dispel the disruptive force of the "evil invasion." Christ was able to bring such reinforcement to bear upon the "possessed" and to restore the normal balance of the ego.

Jung would stress the deeper regenerating forces *also* within the collective unconscious, as being available to reinforce the ego, referring to these as the collective wisdom and virtue of the race, as distinct from the collective vice, against which the ego alone was defenseless. But he also stresses the importance of the conscious attitude. Invasion is not a matter of chance. There must be something wrong with the conscious attitude to provoke or precipitate a reac-

tion from the unconscious. And this is helpful. We are not *just* at the mercy of unconscious or irrational forces. (Compare this with the existence of disease germs which may be harmless where the natural resistance of someone exposed to them is adequate, and yet may lay low someone whose resistance is lowered from any cause.)

But Jung does not seem to allow sufficiently for the possibility of some "psychic infection" or resonance from contact with another person in whom such a disturbance on the collective level is real. This *may* provide the clue to bridge the gulf between the religious and spiritualistic approach, with its emphasis on evil spirits, and the psychological one indicating the reality of the evil *in us*, though on a collective rather than an individual level.

Both the religious and the psychological approaches stress the powerlessness of the unaided ego to deal with such an invasion and the need for spiritual reinforcements to counteract or cope with the evil.

If there is a disturbance on the level of psychic or spiritual evil in anyone, then it would be possible for this to be cognized *either* through the psychic or through the sensory and intellectual functions, and such a recognition of evil in another *via* the psychic *extrasensory perception* would inevitably give rise to the sense of a *specific evil spirit*, other than the ego of the person concerned. This difference in the *mode of becoming aware of* the evil could account for the difference of *interpretation* on the part of a non psychic who, perhaps as a psychiatrist, might diagnose some specific type of mental disorder, only recognizing the disorder of the individual's mind, and the psychic, or spiritual, healer who cannot doubt his own specific awareness of some entity *other* than the patient, since this awareness comes through the

psi-function, while his general awareness and knowledge of the patient comes through his ordinary sensory and intellectual capacities.

Such an entity would thus not be an evil spirit independent of the person so "possessed," but a pseudo-personality formed from a pathological disturbance on the deeper levels of the collective matrix of the individual. It would, however, be real, and beyond the control of the individual, who must have outside help from either psychic or psychiatrist if recovery is to be possible.

The healthy positive psychic, in control of his forces, would become aware of this "entity" objectively, and need experience no disturbance of his own forces through the contact. He would also be able to aim at so strengthening the ego of the "patient" that some assimilation of the evil thrust out from control might occur, and a real *spiritual* healing might follow.

The negative psychic, on the other hand, would be likely to resonate to the level of evil involved and might be unable to control the effect of the impact, and might lose his own mental balance as a result.

It is therefore important for mental health to maintain a positive attitude to our psychic capacities: to develop them in harmony with ego-development and to avoid the dangers that come from the dominance of the unconscious. We must gain a progressive harmonization of conscious and unconscious aspects of our real personality, which involves both conscious and unconscious, individual and racial elements.

Methods that lead to the uncritical acceptance of everything coming through when conscious control is abrogated in the mediumistic trance are dangerous. Methods that encourage personal responsibility and a direct responsiveness to the

unseen, with ordinary consciousness undisturbed, make for a greater stability and integration

It is possible to train psychic capacity so as to enhance and extend the range of personal activity without losing rapport with the normal environment

This probably answers the question as to whether psychic capacities involve a regression to a more primitive level of mental and spiritual development, or whether they express an advance guard of the race, a forerunner of the way we must mature

The conflicting evidence which gives rise to such a divergence of opinion could be explained by the existence of positive and negative psychism. The former signifies the maturing and the integrating of psychic capacities within the unity of a responsible spiritual personality, which *could* well be an advance for the race

Negative psychism, on the other hand, covers the attempt to develop psychic capacities at the expense of and out of relation to the rest of the life of the medium, which is regressive, is a going backward and not forward

Healing—physical, psychical, psychological, and spiritual—will only reach its maximum effectiveness when there is a *synchronization of all that is relevant on every level*. In spite of great advances in medical knowledge, many illnesses are incurable from the medical side alone. Psychiatrists have shown that some of these may be cured by a combination of physical and psychological methods. Psychical or spiritual healers *do* cure others. But there are many who cannot be cured by *any* of these agencies alone

The great need today is to pool the results of workers in each field until a more comprehensive approach to the problems of physical, mental, social, and spiritual health can

emerge. This would not only provide a basis for more effective *preventive* work, but would play a big part in making for the more effective co-operation within humanity that is essential if mankind is to become capable of controlling the vast energies potentially available for the welfare and not the destruction of man.

A P P E N D I C E S

**Documentary Reports of Approaches to Religion and
Health in the United States of America, 1956**

Compiled by WAYNE E. OATES

I. The Educational Resources for Pastoral Education in the Care and Cure of Souls in the United States

A AMERICAN STANDARDS FOR CLINICAL PASTORAL EDUCATION

The following statement of minimum standards for the training of ministers and theological students in the interprofessional ministry to sick and disturbed persons was adopted by the National Conference on Clinical Pastoral Education, October 1, 1952, at Bound Brook, New Jersey. This conference was composed of representatives of the American Association of Theological Professors in the Practical Field, The Institute for Pastoral Care, The National Council for Clinical Training, and the National Lutheran Advisory Council on Pastoral Care.

I DEFINITION OF CLINICAL PASTORAL EDUCATION

Clinical pastoral education is an opportunity for a theological student or pastor to learn Pastoral Care through interpersonal relations in an appropriate center, such as a hospital, correctional institution or other clinical situation, where an integrated program of theory and practice is individually supervised by a qualified Chaplain-Supervisor, with the collaboration of an interprofessional staff.

II. QUALIFICATIONS OF THE CHAPLAIN-SUPERVISOR

1. Graduation from an accredited theological school, upon the completion of a three year graduate course beyond the Bachelor's degree or its equivalent.
2. An adequate period of pastoral experience, with ordination and denominational approval.
3. At least one year full-time of clinical pastoral education, and in addition three months of supervised clinical teaching.
4. Professional competence including graduate studies, past experience and demonstrated performance. Graduate degrees in appropriate fields with clinical orientation are recommended and may be evaluated as follows. Six months' credit toward clinical education may be given for an appropriate Doctor's degree. Three months' credit may be given for an appropriate Master's degree.
5. Personal qualifications to be appraised by an accrediting committee in a face-to-face interview.

III. REQUIREMENTS FOR THE CLINICAL TRAINING CENTER

1. A chaplaincy service which is well established and recognized as a functioning part of the center, with a Chaplain accredited as a Supervisor (see II)
2. A progressive institution, oriented toward therapy or rehabilitation, serving an adequate number of patients or inmates accessible to the Chaplain's program, maintaining an interprofessional staff available for continuous teaching of theological students
 - a. General appreciation within the institution of the role of a Chaplain, recognition of theological students as functioning members of the Chaplain's Department and adequate opportunity for them to work in significant and appropriate clinical tasks.
 - b. An alert and co-operative administration and staff, who will be ready to assume responsibility for implementing the clinical program.

- 3 Maintenance should be provided for students in training, or such provisions as may be comparable to the internship programs of other professional groups in the institution

IV MINIMUM ESSENTIALS OF CLINICAL PASTORAL EDUCATION

- 1 A supervised practicum in interpersonal relations
- 2 Writing of clinical notes for consultation with the Chaplain Supervisor
- 3 A continuing evaluation of the student's experience and growth to be offered during the training period
- 4 Frequent association with an interprofessional staff who are genuinely interested and qualified to teach students
- 5 Adequate provision for group discussions, seminars, and other group experience for all students
- 6 A continuing concern for an integration of psychological, ethical and theological theory with practical understanding of the dynamics of personality and facility in interpersonal relations
- 7 A written evaluation of his experience to be made by the student to his Chaplain Supervisor at the end of the training period
- 8 A final summary evaluation of the student's work and capacities to be written at the end of the training period by the Chaplain Supervisor, discussed with the student and with his knowledge, made available to the appropriate responsible parties

V MINIMUM PROGRAM RECOMMENDED FOR CLINICAL PASTORAL EDUCATION

- 1 For the theological student who is preparing for the parish ministry
 - a. An introductory course to clinical pastoral care during the entire academic year, with one day per week at an accredited center and under the direction of an accredited Chaplain-Supervisor who is a functioning member of the staff of the center, and

- b Clinical pastoral education for twelve weeks, full time
- 2 For the student who is seeking a Master's degree in pastoral care, at least six months' clinical pastoral education, full time
- 3 For the advanced student preparing for the teaching of pastoral theology and pastoral care, an appropriate Doctor's degree with at least nine months, full time, of clinical pastoral education, and in addition three months of supervised teaching of pastoral care

VI SPECIAL CONSIDERATIONS

- 1 For pastors and other religious workers seeking additional training,
 - a Full time participation in clinical pastoral education for six to twelve weeks is recommended
 - b Where this is not possible, participation in orientation programs at an accredited center is recommended
- 2 For chaplains serving full time, at least twelve months' full time clinical pastoral education is recommended, six months of which to be in the type of institution which he serves. Where this standard has not yet been attained, Hospital Administrators are encouraged to release their chaplains periodically for the necessary training

B OPPORTUNITIES FOR STUDY, TRAINING, AND EXPERIENCE IN PASTORAL PSYCHOLOGY—1956

Compiled by THE DEPARTMENT OF PASTORAL SERVICES OF
THE NATIONAL COUNCIL OF THE CHURCHES OF CHRIST IN
THE U S A

The following information has been received from responsible representatives of the agencies or organizations listed, and are as complete and accurate as available data make possible. If there are omissions, or additions, please send the information to the Rev. Otis R. Rice, Executive Director, Department of Pastoral Services, 297 Fourth Avenue, New York 10, N. Y.

It is hoped that the compilation, under the five categories, may prove useful for clergy, seminarians, and other religious workers who desire information as to opportunities for instruction and training in various aspects of pastoral psychology. Further information may be secured from the official or institution listed in connection with each item.

The Department of Pastoral Services is not an accrediting agency and does not attempt to apply specific standards for courses and opportunities for training. It is suggested that prospective students personally investigate the accreditation of the institutions where they propose to train.

GROUP I

INSTITUTES, SEMINARS, CONFERENCES, AND LECTURE SERIES
ON PASTORAL PSYCHOLOGY, PASTORAL COUNSELING,
AND GROUP DYNAMICS

(The content of these offerings is usually theoretical but case material is often used and the practical aspects stressed)

THEOLOGICAL SEMINARIES

Butler University, School of Religion, Indianapolis, Ind.
(Disc) In alternate years, a summer seminar of three weeks' duration is offered in pastoral counseling O Norris, Assistant Dean

The Divinity School, 4205 Spruce St, Philadelphia 4, Pa
(Prot Episc) A supervised course in Pastoral Psychology and Church Work is offered Very Rev Frank D Gifford, Ph D, STD

Duke University, The Divinity School Durham, N C (Meth)
Supervised courses in pastoral care and pastoral counseling are offered to students and clergy who are serving in local churches or other institutions This work is required in three of the vocational groups Calling is done at Duke Hospital under supervision and the full cooperation of the staff Verbatim records of interviews and pastoral relations are carefully studied in conference with the supervisor and other members of the courses Opportunity for attendance at psychiatric staff conferences and lectures is offered Opportunity is also given for careful study of the dynamics of interpersonal relationships under the normal situation of the pastoral ministry Professor Dicks conducts workshops in various parts of the country For information regarding courses at the Divinity School and in the various regions, write the Rev Russell L Dicks, DD, Litt D

Garrett Biblical Institute Evanston, Ill (Meth) The summer terms of five weeks each begin about the third week in June Courses are offered in pastoral counseling and psychology of reli-

gious experience During the coming summer there will be a special workshop in pastoral care and counseling for ministers Classes will begin on Monday, June 18 Another workshop for religious workers on college campuses is offered during the same period, dealing with problems of counseling with students Rev Otto J Baab, Ph D, Director of the Garrett Summer School

Princeton Theological Seminary, Princeton, N J (Pres U S A) The Summer Institute of Theology (two weeks in July) includes a course in pastoral care and pastoral counseling Rev Elmer G Homrighausen, D D

Union Theological Seminary, 3041 Broadway, New York 27, N Y (Undenom.) The Summer School (July 9—August 17, with registration on July 5 and 6) offers courses in pastoral counseling and pastoral psychology A Ministers Conference is held in July The Auburn Lectures will be given during one of the two weeks Rev Frank W Herriott

University of Chicago, Federation of Theological Schools 5757 University Ave, Chicago 37, Ill Chicago Theological Seminary (Cong Chr), Disciples Divinity House (Disciples), Divinity School of the University (Am Bapt), Meadville Theological School (Unit) Special workshops on group dynamics and the church, pastoral care and pastoral counseling are offered for clergy engaged in the pastoral ministry Rev Seward Hiltner, D D, Ph D

Wartburg Theological Seminary Dubuque Iowa (Am Luth) For ten days each summer, the Luther Academy offers lectures and discussions in the field of pastoral care for clergy engaged in the active ministry Rev William D Streng D D

COUNCILS OF CHURCHES

The Buffalo and Erie County Council of Churches, 1272 Delaware Ave, Buffalo 9, N Y, sponsors two monthly seminars for ministers on pastoral care and pastoral counseling The general clinical group work approach is used under the supervision of the Rev Foster J Williams, S T B, Ph D and Robert M Brill, Directors Other programs offered have been on Panhandling,

Alcoholism, Family Life, Mental Health, Correctional Services These are one day conferences and new ones are organized each year as demand requires The general clinical group work approach is used under the supervision of Mr Robert M Brill, Director of the Social Service Department

The Church Federation of Greater Chicago, 77 W Washington St, Chicago 2, Ill Seminars on pastoral counseling, the pastoral ministry to alcoholics, and the art of ministering to the sick Rev Irvia E Deer, Executive Secretary of the Department of Ministry in Institutions

The Colorado Council of Churches 1458 Pennsylvania St, Denver 3, Colo, cooperates with the Pastoral Counseling Institute of the University of Colorado Generally held about the first week of October Rev Edward L Whittemore, Executive Secretary

The Denver Council of Churches 300 Trinity Bldg, Denver 2, Colo, cooperates with the Pastoral Counseling Institute of the University of Colorado The Council is planning an on going seminar with monthly sessions to continue the work of the Institute Rev Harvey W Hollis Executive Director

The Erie Council of Churches Y M C A Bldg, Erie, Pa Occasional seminars on pastoral care are arranged by the Department of Ministry in Institutions The Department is planning jointly with the Erie Social Hygiene Association an Institute on Marriage Counseling February 13 17, 1956 Rev G Weir Hartman, Executive Minister

The Indiana Council of Churches 519 Board of Trade Bldg, Indianapolis 4, Ind The Council cooperates with the Indianapolis Church Federation and various institutions within the State in setting up seminars for pastors on the art of ministering to the sick, and pastoral counseling Rev Roy E Mueller, D D, Administrator

The Kansas Council of Churches 327 Topeka Ave, Topeka, Kansas Institutes in pastoral care and pastoral counseling in cooperation with several institutions within the State are arranged during the year Rev Milton R Vogel, Executive Secretary

The Maine Council of Churches, 97A Exchange St , Portland 3, Maine In cooperation with other organizations, and working alone, the Council arranges conferences for the clergy on problems of alcohol and the pastoral counseling of alcoholics, as well as others needing assistance Miss Marion L. Ulmer, Executive Secretary

The Maryland Delaware Council of Churches, 14 West Madison Street, Baltimore 1, Md , holds an Annual Institute on Religion and Health, in cooperation with the Johns Hopkins Hospital, June, 1956 Mrs Edward A Atkinson, Director, Christian Social Relations

The Minnesota Council of Churches, 122 West Franklin Ave , Minneapolis 4, Minn , cooperates with the mental hospitals of the State and their respective chaplains in arranging seminars on mental health and pastoral counseling Rev John M Wilson, Associate Executive Secretary

The New Hampshire Council of Churches, 18 School St., Concord, N H A ten week course (one day a week in the fall) called 'A Seminar in Personality and Counseling for Ministers' is given at the State Hospital in Concord The objectives are to acquire a better understanding of human personality, to help the minister detect those who need psychiatric care and what to do about it, to provide ministers an opportunity to understand better the problems, care, and spiritual needs of the mentally ill, to discuss the responsibility of the churches as an agency of rehabilitation to re-examine counseling techniques Rev Carl V Bretz, Chaplain in charge

The New Jersey Council of Churches, 65 Central Ave , Newark 2, N J , cooperates with clinical training centers within the State to arrange for seminars on pastoral care and pastoral counseling Rev Robert D Smith, Chairman of the Department of Institutional Ministries

The Protestant Council of the City of New York, Manhattan Division, 215 West 23rd St , New York 11, N Y Regular meetings of a Chaplains Committee composed of Protestant clergy giving active service in private and voluntary hospitals in Manhattan Seminars and special meetings for discussion of pastoral

counseling in hospitals The Hospital Music Service, providing programs of vocal and instrumental music in 52 private and voluntary hospitals, homes for the aged and city hospitals is under the leadership of a paid full time director and 200 skilled artists giving voluntary service Rev Carl V Herron, Executive Secretary

The New York State Council of Churches, 600 West Genesee St, Syracuse 4, N Y Area conferences on pastoral care and pastoral counseling are conducted occasionally in various parts of the State Rev Kenneth A Roadarmel, D D, General Secretary

Northern California Nevada Council of Churches 83 McAlister St, San Francisco 2, Calif In cooperation with six seminaries of the Bay Area, a workshop for clergy on personal counseling sponsored by the Commission on Religion and Health Dr Abbott Book, Executive Secretary

The Oakland Council of Churches, 2101 Telegraph Ave, Oakland 12, Calif, joins in sponsoring a short term course or workshop on marriage counseling, planned with the Parenthood League Rev E C Farnham, Executive Director

The Oregon Council of Churches, 212 Fitzpatrick Bldg, Portland 5, Oregon In August, 1956, a workshop on Family Counseling will be held under the auspices of the Council on the campus of Oregon College of Education Monmouth, Oregon This will be for ministers, Christian Education directors, and chaplains in institutions Also during 1956, a workshop on the counseling and treatment of alcoholics will be offered ministers through the Council, at the State Hospital, Salem, Oregon Dr Mark A Talney, Executive Director

The Peoria Area Council of Churches, 530 First National Bank Bldg, Peoria 2, Ill In cooperation with the Council, a course in marriage counseling is offered for credit at Bradley University during the first term of the summer school under the direction of Dr E E Emme

The Philadelphia Council of Churches, 1421 Arch St, Philadelphia 2, Pa. Seminars and study groups are offered during the

year on subjects related to pastoral counseling, pastoral care, and the family, in cooperation with the Philadelphia Psychoanalytic Institute and Temple University. In these courses the basic principles of dynamic psychiatry are emphasized. Rev. William D Powell, D D, General Secretary

The South Dakota Council of Churches, Huron, So Dakota, cooperates with the Pastoral Counseling Institute of the University of South Dakota, the South Dakota Mental Health Association, and the South Dakota State Department of Health. Rev. Robert E Grimm, Executive Secretary

The Greater Springfield Council of Churches, 50 Sumner Ave., Springfield 8, Mass., conducts seminars and study groups in the field of pastoral counseling, hospital visitation, and parish work. Rev. Abram W Sangrey, Executive Secretary

The Council of Churches of Syracuse and Onondaga County, 600 West Genesee St., Syracuse 4, N Y. The Department of Protestant Community Services provides seminars on inter professional cooperation, consultations on counseling, and an introductory course in clinical pastoral education. Rev. John A Whitesel, Ph D, Director

The Texas Council of Churches, 700 Guadalupe St., Austin, Texas. Seminars and conferences on pastoral counseling and pastoral care will be held. Harold C Kilpatrick, Executive Secretary

OTHER RELIGIOUS INSTITUTIONS

American Foundation of Religion and Psychiatry, 3 West 29th St., New York 1, N Y., offers two general introductory courses of lectures throughout the year in pastoral psychology and pastoral counseling, and two seminars in pastoral care. In addition, a week's seminar on pastoral care is held during the second week in June. Rev. Frederick C Kuether, Associate Director of Training

Diocese of Ohio, Protestant Episcopal Church, offers at the Cleveland State Receiving Hospital a program of clinical pastoral training for theological students from Bexley Hall and

Oberlin Graduate School of Theology Rev David Loegler, Director, Department of Christian Social Relations

Institute of Psychology and Religion, 312 S 42nd St , Omaha, Nebr , offers monthly day-long meetings for the clergy and their wives Lectures, discussions, and group therapy with opportunity for personal counseling September through May

The Methodist Church Under the supervision of the Department of In-Service Training, the General Board of Education of The Methodist Church offers courses to Methodist clergy through its Correspondence Schools, its School for Approved Supply Pastors, and its annual refresher course schools in pastoral psychology, pastoral care, and pastoral counseling Rev J Richard Spann, P O Box 87, Nashville 2, Tenn

OTHER OFFERINGS

Bradley University, Peoria, Ill Courses are offered in Family Life Counseling and Marriage Counseling for ministers Summer School session, starting the middle of June Professor Earle E Emme Professor of Psychology and Psychology of Religion, Coordinator of Religious Affairs

The Center for Improving Group Procedures Teachers College, Columbia University, New York 27, N Y , offers courses, seminars and special institutes for pastors, counselors, and religious educators in group leadership, group dynamics, and group development For information concerning specific courses of study or special institutes and conferences, write Professor Kenneth F Herrold, Ed D

Conference on Pastoral Psychology, Kansas State Teachers College, Pittsburg, Kansas An annual conference is held during the second week after Easter Professor T William Hall, Director of Religious Activities

Institute on Pastoral Counseling, University of Minnesota, Center for Continuation Study, Minneapolis 14, Minn , is held annually Fred E. Berger, Ph D , Director

Lasell House, School of Pastoral Care, Whitinsville, Mass Regular sessions of the School are held from time to time for

clergy and lay ministers of all denominations. The courses include lectures and discussions in the tri-fold ministry of preaching, teaching, and healing. The Rev. Edgar L. Sanford, Westboro, Mass.

North Carolina Baptist Hospital and Bowman Gray School of Medicine, Winston-Salem, N. C. Quarterly Seminars Seminars are offered one day each quarter of the year for clinically trained pastors to come together and share with each other their growing experience in pastoral problems Rev. Richard K. Young, Th D.

Pastoral Counseling Institute is held about the last of September or the first of October, at 4200 East Ninth Ave., Denver, Colo., by the Extension Division and School of Medicine of the University of Colorado. The institute is planned in cooperation with the Colorado and Denver Councils of Churches Dr. James Galvin, Medical Director, Colorado Psychopathic Hospital, Institute Director.

Pastoral Counseling Institute, University of South Dakota, Vermillion, S. Dak., is held annually (April 9, 10, 11, in 1956) by the South Dakota Mental Health Association, South Dakota Council of Churches, and the University of South Dakota E. Sheldon Watson, M D., Brookings, South Dakota, Moderator; R. D. Falk, Representative of the University Leaders in the 1956 Institute will be Dr. Wayne E. Oates, Southern Baptist Theological Seminary, and Dr. Gelolo McHugh, Duke University.

St. John's University, The Institute for Mental Health, Collegeville, Minn., will conduct three week-long pastoral psychology workshops for clergymen of all faiths July 23-27, July 30-August 3, August 6-10, 1956 Financed by a grant from the Hamm Foundation of St. Paul, these workshops are limited to an enrollment of 40 each week under a faculty of two lecturers and four seminar directors who are qualified psychiatrists or psychologists. Alexis Portz, O S B., Director

The William Alanson White Institute, 12 E. 86th St., New York 28, N. Y. General reading and lectures, courses in dynamic psychology and pastoral counseling A special seminar for the clergy leading to a certificate. Six months of clinical training

required, three months of which shall be done in a mental hospital. At least 40 hours of "personal inventory" (approximates a short psychotherapeutic experience) recommended. Clara Thompson, M D, Executive Director

Workshop for Cultural Democracy, 204 E 18th St, New York 3, N Y, undertakes research in the field of inter cultural education and human relations. It offers training workshops and institutes in different parts of the country on inter group, community problems, and inter personal relations, with special focus on emotional and spiritual growth of the individual. Among its publications is "Know Your Neighbor," illus (\$1.25), a manual on group conversation, a process developed by the organization. Dr Rachel Davis DuBois, Director

Yale Summer School of Alcohol Studies 52 Hillhouse Ave, New Haven, Conn. In connection with the regular curriculum of this School (July 1-26, 1956) special seminars are organized for clergy in pastoral counseling of alcoholics, community attitudes toward problems of alcohol etc. Applications of ministers and full time religious workers for the Summer Sessions of this School are processed by the Department of Pastoral Services of the National Council of the Churches of Christ in the U S A. Application blanks may be secured from Miss Helen G Yergin, 297 Fourth Ave, New York 10, N Y

GROUP II

SEMINARIES OFFERING COURSES IN PASTORAL PSYCHOLOGY,
PASTORAL COUNSELING, INTRODUCTION TO CLINICAL
PASTORAL TRAINING, AND ALLIED FIELDS

(These courses are largely theoretical, with extensive reading, and some practical demonstrations or supervised field work)

Andover Newton Theological School, Newton Centre 59, Mass (Am Bapt. & Cong Chr)

Augustana Theological Seminary, Rock Island, Ill (Augustana Luth)

- Bangor Theological Seminary*, Bangor, Maine (Interdenom)
Berkeley Baptist Divinity School, Berkeley 9, Calif (Am. Bapt)
Bethany Biblical Seminary, Chicago 24, Ill (Ch of Breth)
Biblical Seminary in New York, New York, N Y (Undenom)
Boston University, School of Theology, Boston 18, Mass
Butler University, School of Religion, Indianapolis 7, Indiana (Disc)
California Baptist Theological Seminary, Covina, Calif (Bapt)
Calvin Seminary, Grand Rapids, Mich (Chr Ref)
Capital University, Evangelical Lutheran Theological Seminary, Columbus, Ohio (Am Luth)
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Central Lutheran Theological Seminary, Fremont, Nebr (Un. Luth)
Chicago Lutheran Theological Seminary, Maywood, Ill (Un. Luth)
Church Divinity School of the Pacific, Berkeley 9, Calif (Prot Episc)
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College of the Bible, Lexington, Ky (Disc)
Columbia Theological Seminary, Decatur, Ga (Pres US)
Concordia Theological Seminary, St. Louis, Mo (Mo Synod Luth)
Crozer Theological Seminary, Chester, Pa (Am Bapt)
Dallas Theological Seminary, Dallas 4, Texas (Undenom)
Divinity School, Philadelphia 4, Pa (Prot Episc)
Drake University, College of the Bible, Des Moines 11, Iowa (Disc)
Drew University, Theological Seminary, Madison, N J (Meth)
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Eastern Baptist Theological Seminary, Philadelphia 31, Pa. (Am Bapt)
Eden Theological Seminary, Webster Groves, Mo (Ev & Ref)

Emory University, Candler School of Theology, Emory University, Ga (Meth)

Episcopal Theological School, Cambridge 38, Mass (Prot Episc)

Evangelical Theological Seminary, Naperville, Ill (Ev Un Breth)

Fuller Theological Seminary, Pasadena, Calif (Undenom)

Gammon Theological Seminary Atlanta, Ga (Meth)

Garrett Biblical Institute, Evanston, Ill (Meth)

General Theological Seminary, New York 11, N Y (Prot Episc)

Golden Gate Baptist Theological Seminary, Berkeley 4, Calif (So Bapt)

Gordon College of Theology and Missions, Boston 15, Mass (non sectarian)

Hartford Seminary Foundation, Hartford 5, Conn (Interdenom)

Harvard Divinity School, Cambridge 38, Mass (Undenom)

Houghton College Division of Theology and Christian Education Houghton, N Y (Wes Meth)

Iliff School of Theology, Denver 10, Colo (Meth)

Johnson C Smith University, Theological Seminary, Charlotte, N C (Pres USA)

Kenyon College Bexley Hall, Gambier, Ohio (Prot Episc)

Lincoln University, Theological Seminary, Lincoln University, Pa (Pres USA)

Louisville Theological Seminary, Louisville 2, Ky (Pres U S and Pres USA)

Luther Theological Seminary, St Paul, Minn (Ev Luth)

Lutheran Theological Seminary, Gettysburg, Pa (Un Luth)

Lutheran Theological Seminary Philadelphia, Pa (Un Luth)

Lutheran Theological Seminary, Thiensville, Wis (Luth Wis Synod)

Lutheran Theological Southern Seminary, Columbia, S C (Un Luth)

McCormick Theological Seminary, Chicago 14, Ill (Pres USA)

Moravian Theological Seminary, Bethlehem, Pa (Moravian)

- Morehouse College, School of Religion, Atlanta, Ga. (Am Bapt)*
- Morris College, Theological Dept , Sumter, S C (Nat Bapt)*
- New Brunswick Theological Seminary, New Brunswick, N J (Ref)*
- New Orleans Baptist Theological Seminary, New Orleans, La (So Bapt)*
- North American Baptist Seminary, Sioux Falls, So Dak (No Am Bapt)*
- Northern Baptist Theological Seminary, Chicago 12, Ill (Am Bapt)*
- Northwest Christian College, Eugene, Oregon (Disc)*
- Oberlin College, Graduate School of Theology, Oberlin, Ohio (Undenom)*
- Pacific School of Religion, Berkeley 9, Calif (Interdenom)*
- Philadelphia Divinity School, Philadelphia, Pa (Prot. Episc)*
- Phillips University Graduate Seminary, Enid, Okla (Disc)*
- Pittsburgh-Xenia Theological Seminary, Pittsburgh, Pa (Un Pres)*
- Princeton Theological Seminary, Princeton, N J (Pres U.S.A)*
- Protestant Episcopal Theological Seminary, Alexandria, Va. (Prot. Episc)*
- St Lawrence University, Theological School, Canton, N Y (Univ)*
- Seabury Western Theological Seminary, Evanston, Ill (Prot Episc)*
- Seventh Day Adventist Theological Seminary, Washington 12, D C (Seventh Day Adv)*
- Shaw University, School of Religion, Raleigh, N C (Nat Bapt)*
- Shorter College, Jackson Theological Seminary, North Little Rock, Ark (A M E)*
- Southeastern Theological Seminary, Wake Forest, N C (So Bapt)*
- Southern Baptist Theological Seminary, Louisville 6, Ky (So Bapt)*

GROUP III

SEMINARIES AND OTHER INSTITUTIONS OFFERING COURSES
INVOLVING SOME ACTUAL CLINICAL OBSERVATION
AND/OR SUPERVISION OF ACTUAL CLINICAL
EXPERIENCE.

(Such courses are usually offered in connection with nearby general hospitals, mental hospitals, correctional institutions, or other agencies. These do not constitute clinical pastoral training as such, but are often in the nature of an introduction to the clinical pastoral experience)

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Crozer Theological Seminary, Chester, Pa. (Am Bapt.)

Divinity School, Philadelphia 4, Pa. (Prot Episc)

Drake University, College of the Bible, Des Moines 11, Iowa. (Disc.)

Southern Methodist University, Perkins School of Theology, Dallas 5, Texas. (Meth)

Southwestern Baptist Theological Seminary, Fort Worth, Texas (So Bapt)

Starr King School for the Ministry, Berkeley 8, Calif. (Unit.)

Temple University, School of Theology, Philadelphia, Pa. (Interdenom)

Texas Christian University, Brite College of the Bible, Fort Worth, Texas (Disc)

Theological Seminary of the Evangelical and Reformed Church, Lancaster, Pa. (Ev & Ref)

Union Theological Seminary, New York 27, N Y. (Undenom)

Union Theological Seminary, Richmond 27, Va. (Pres US)

United Theological Seminary, Dayton 6, Ohio (Ev Un Breth)

University of Chicago, Federation of Theological Schools, Chicago 37, Ill

Chicago Theological Seminary (Cong Chr)

Disciples Divinity House (Disc)

Divinity School of the University (Am Bapt.)

Meadville Theological School (Unit.)

University of Dubuque, The Theological Seminary, Dubuque, Iowa (Pres U.S.A.)

University of the South, School of Theology, Sewanee, Tenn (Prot Episc)

University of Southern California, School of Religion, Los Angeles 7, Calif (Meth)

Vanderbilt University, School of Religion, Nashville 4, Tenn (Undenom)

Wartburg Theological Seminary, Dubuque, Iowa (Am Luth)

Western Theological Seminary, Holland, Mich (Ref)

Western Theological Seminary, Pittsburgh, Pa. (Pres U.S.A.)

Westminster Theological Seminary, Westminster, Md (Meth)

Wittenberg College, Hama Divinity School, Springfield, Ohio (Un Luth)

Yale University Divinity School, New Haven, Conn (Undenom)

GROUP III

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Chicago Lutheran Theological Seminary, Maywood, Ill (Un Luth.)

Church Divinity School of the Pacific, Berkeley 9, Calif (Prot Episc.)

Colgate Rochester Divinity School, Rochester 20, N Y (Am Bapt.)

College of the Bible, Lexington, Ky (Disc.)

Concordia Seminary, St Louis, Mo (Mo Synod Luth.)

Crozer Theological Seminary, Chester, Pa (Am Bapt.)

Divinity School, Philadelphia 4, Pa (Prot Episc.)

Drake University, College of the Bible, Des Moines 11, Iowa (Disc.)

Drew University, Theological Seminary, Madison, N J
(Meth)

Eastern Baptist Theological Seminary, Philadelphia 31, Pa
(Am Bapt)

Eden Theological Seminary, Webster Groves, Mo (Ev &
Ref)

Emory University, Candler School of Theology, Emory Uni-
versity, Ga (Meth)

Episcopal Theological Seminary of the Southwest, Austin,
Texas (Prot Episc)

Evangelical Theological Seminary, Naperville, Ill (Ev Un
Breth)

Fuller Theological Seminary, Pasadena 1, Calif (Undenom)

Gammon Theological Seminary, Atlanta, Ga. (Meth)

Garrett Biblical Institute, Evanston, Ill (Meth)

General Theological Seminary, New York 11, N Y (Prot.
Episc)

Golden Gate Baptist Theological Seminary, Berkeley 4, Calif
(So Bapt)

Hill School of Theology, Denver 10, Colo (Meth)

Louisville Theological Seminary, Louisville, Ky (Pres US
and Pres USA)

Luther Theological Seminary St Paul 8 Minn. (Ev Luth)

McCormick Theological Seminary, Chicago 14, Ill (Pres
USA)

New Orleans Baptist Theological Seminary, New Orleans 22,
La (So Bapt)

Northwestern Lutheran Theological Seminary, Minneapolis 4,
Minn (Un Luth)

Oberlin College The Graduate School of Theology, Oberlin,
Ohio (Undenom)

Pacific School of Religion, Berkeley 9, Calif (Interdenom.)

Philadelphia Divinity School Philadelphia, Pa (Prot Episc)

Phillips University Graduate Seminary Enid, Okla (Disc)

Princeton Theological Seminary, Princeton, N J (Pres
USA)

Protestant Episcopal Theological Seminary, Alexandria, Va
(Prot. Episc)

Seabury-Western Theological Seminary, Evanston, Ill (Prot. Episc)

Shaw University, School of Religion, Raleigh, N C (Nat Bapt.)

Southeastern Baptist Theological Seminary, Wake Forest, N C (So Bapt)

Southern Baptist Theological Seminary, Louisville, Ky (So Bapt)

Southern Methodist University, Perkins School of Theology, Dallas 5, Texas (Meth)

Southwestern Baptist Theological Seminary, Fort Worth, Texas (So Bapt)

Starr King School for the Ministry, Berkeley 9, Calif (Unit)

Temple University, School of Theology, Philadelphia, Pa (Interdenom)

Texas Christian University, Brite College of the Bible, Fort Worth, Texas (Disc)

Theological Seminary, Washington 12, D C. (Seventh Day Adventist)

Union Theological Seminary, New York 27, N Y (Undenom)

Union Theological Seminary Richmond 27, Va (Pres US)

United Theological Seminary, Dayton 6, Ohio (Ev Un Breth)

University of Chicago, Federation of Theological Schools, Chicago 37, Ill

Chicago Theological Seminary (Cong Chr)

Disciples Divinity House (Disc)

Divinity School of the University (Am Bapt)

Meadville Theological School (Unit)

University of Southern California, School of Religion Los Angeles 7, Calif (Meth)

Vanderbilt University, School of Religion Nashville 4, Tenn (Undenom)

Wartburg Theological Seminary, Dubuque, Iowa (Am. Luth)

Western Theological Seminary, Holland Mich (Ref Am)

Westminster Theological Seminary, Westminster, Md (Meth)

Wittenberg College, Hamma Divinity School, Springfield, Ohio (Un Luth)

Yale University Divinity School, New Haven, Conn (Undernom)

OTHER INSTITUTIONS

American Foundation of Religion and Psychiatry, 3 West 29th St, New York 1, N Y (See Group I) In addition to the regular courses of lectures and seminars, the Foundation offers to a limited number of clergy a clinical internship of not less than one year. Included in the internship are courses, psychiatric and psychological, appraisal of the candidates' fitness for training, and personal psychotherapy as well as the experience of pastoral counseling with individuals and groups under theological and psychiatric supervision. Rev Frederick C Kuether, Associate Director of Training

St Luke's Hospital New York 25, N Y In addition to the regular course in clinical pastoral training (see Group V), an orientation course is offered to a limited number of clergy, seminarians and religious workers in pastoral care, pastoral counseling, and interpersonal relationships. A weekly seminar is held for groups of six students. Individual supervisory interviews are held each fortnight. Students visit patients under supervision, join in staff conferences and study verbatim reports of their interviews. It is expected that each student will spend the equivalent of one full day of work weekly in the institution including conferences and seminars. October through May. Rev Otis R. Rice, Religious Director

Texas Medical Center, The Institute of Religion, Houston, Texas In conjunction with several seminaries in Texas and the several hospitals which make up the Center, the Institute offers a one year residency course in pastoral care, with clinical pastoral training for ministers beyond the B D degree. Credit will be given toward Master's and Doctor's degrees. Rev Dawson C Bryan D D Director

Washington School of Psychiatry 1703 Rhode Island Ave, N W, Washington 6 D C General reading and lectures, courses in dynamic psychology and psychotherapy, a special seminar for clergy leading to a certificate. Six months of clinical pastoral

training to meet the standards of the Council for Clinical Training Address the Director

GROUP IV

INSTITUTIONS OFFERING GRADUATE PROGRAMS OF STUDY AND CLINICAL EXPERIENCE LEADING TO THE MASTER'S DEGREE OR THE DOCTOR'S DEGREE IN ONE OF THE FOLLOWING FIELDS OR COMBINATION OF FIELDS PASTORAL THEOLOGY, PASTORAL COUNSELING, CLINICAL PSYCHOLOGY, AND GUIDANCE

(There are many other institutions without specific religious or theological orientation which offer graduate programs with study and clinical experience in such fields as developmental psychology, clinical psychology, personal counseling, vocational guidance, student guidance, and group therapy No attempt is made to catalogue these institutions here)

Andover Newton Theological School, Newton Centre 59, Mass (Am Bapt & Cong Chr) The degree of Master of Sacred Theology is offered for properly qualified students The residence requirements include attendance of ten hours a week for each of the two semesters and the equivalent of five hours of reading under faculty direction in each of two semesters in the field of their specialization Pastoral Psychology and Pastoral Clinical Training are offered as fields of concentration and research Rev John M Bilinsky, Ed D

Boston University, School of Theology, Boston 15, Mass (Meth) Programs leading to the degrees of Master of Sacred Theology, Doctor of Theology, Master of Arts and Doctor of Philosophy are offered Rev Paul E Johnson, Ph D

Chicago Lutheran Theological Seminary, Maywood Ill (Un Luth) Graduate courses leading to a Master of Arts in Clinical Training for the Pastoral Ministry are offered They include the theoretical and the clinical aspects of training, both geared to the theological basis of the ministry

Divinity School, 4205 Spruce St, Philadelphia 4, Pa (Prot Episc) Case work in clinical pastoral experience is provided at the Philadelphia General Hospital Very Rev Frank D Gifford, Ph.D, STD

Garrett Biblical Institute, Evanston, Ill (Meth) In conjunction with Northwestern University programs are offered leading to the Master of Arts degree and the Ph D degree in the field of pastoral psychology and counseling Rev Carroll A Wise, DD

New Orleans Baptist Theological Seminary, New Orleans 22, La (So Bapt) Programs leading to the Master's degree in Theology and the Doctor's degree in Theology are offered in connection with the Department of Christian Psychology and Counseling This work is listed as the Practical Field in the Graduate School. The Clinical Pastoral Education phase of the work is done in the Southern Baptist Hospital in New Orleans A program leading to the Master's degree in Religious Education is also offered In connection with the program, two semesters of clinical field work are required Rev John M Price, Jr, ThD

Oberlin College Graduate School of Theology, Oberlin, Ohio (Udenom) Courses leading to a Master's degree in Pastoral Theology and Pastoral Counseling are offered Dean Leonard A Studley

Pacific School of Religion Berkeley 9, Calif (Interdenom) is planning programs leading to the degrees of Master of Sacred Theology and Doctor of Theology involving considerable actual clinical experience in a variety of institutional and parish settings Rev Robert C Leslie, Ph D

Princeton Theological Seminary, Princeton, N J (Pres U S A) Graduate work leading to the Th M and Th D degrees is offered in the field of Pastoral Theology Rev Elmer G Homrighausen, DD

Southern Baptist Theological Seminary, Louisville 6, Ky (So Bapt) Programs leading to the Master's degree in Theology are offered in connection with the Department of Psychology of Religion and Pastoral Care Rev Wayne E Oates, Ph D, 2826 Lexington Road, Louisville 6, Ky

Union Theological Seminary, New York 27, N. Y. (Undenom)
In connection with Columbia University, the Seminary offers programs leading to the degrees of Master of Sacred Theology, Doctor of Philosophy, and Doctor of Theology in the fields of psychology, ethics, philosophy, and related subjects The Registrar.

University of Chicago, Federation of Theological Schools, Chicago 37, Ill

Chicago Theological Seminary
Disciples Divinity House
Divinity School of the University
Meadville Theological School

A program in religion and personality, leading to the degree of Doctor of Philosophy is offered The program requires about the same period of study as for any other Ph D in Divinity At present the areas of specialization permitted in the doctoral course will be religious education and group work, or pastoral care and work with individuals Rev Seward Hiltner, D D , Ph D

University of Southern California, School of Religion, Los Angeles 7, Calif (Meth) is planning programs leading to the degrees of Master of Arts, Master of Theology, Doctor of Philosophy in the Psychology of Religion, and Doctor of Theology involving considerable clinical experience, and pastoral counseling Rev David D Eitzen, Ph D

GROUP V

CLINICAL PASTORAL TRAINING THE ORGANIZATIONS AND
INSTITUTIONS LISTED ARE ONLY THOSE WHICH OFFER
A MINIMUM OF SIX WEEKS' CAREFULLY SUPERVISED
RESIDENT AND FULL-TIME TRAINING IN AN
ACCREDITED CENTER OR AGENCY

GOALS AS AGREED UPON BY THE INSTITUTE OF PASTORAL CARE AND
THE COUNCIL FOR CLINICAL TRAINING

1 To enable the student to gain a fuller understanding of people, their deeper motivations and difficulties, their emotional and spiritual strengths and weaknesses

2 To help the student discover more effective methods of ministering to individuals and groups, and to intensify his awareness of the unique resources, responsibilities, and limitations of the clergy

3 To help the student learn to work more cooperatively with representatives of other professions and to utilize community resources which may lead toward more effective living

4 To further the knowledge of problems met in pastoral care by providing opportunities for relevant and promising research

COUNCIL FOR CLINICAL TRAINING, INC
2 EAST 103 ST, NEW YORK 29, N Y

The Council for Clinical Training is an interdenominational, non sectarian, non profit corporation, organized to give theological students and clergymen, under qualified supervision, clinical experience with people under stress, in order to increase their understanding and their specific skill as pastors

Training is offered in units of twelve weeks each quarters beginning approximately June 6, September 19, December 26 and March 21

Fees for training with the Council are as follows \$125 per quarter, of which \$5 00 is registration fee, \$120 Council fee for training

SCHEDULE OF TRAINING PROGRAMS, 1956

All offerings are subject to change at the discretion of the Chaplain Supervisor with respect to local conditions Programs listed here are those clearly expected at this date to be available in the quarters designated Other programs may become available during the year, inquiries concerning them should be directed to the Central Office, 2 East 103 St, New York 29, New York

Four training centers previously listed expect to have training programs announced later through the Central Office Bellevue Hospital Center, New York City, Connecticut State Hospital, Middletown, Conn, Manteno State Hospital, Manteno, Ill, and Rusk State Hospital, Rusk, Texas Inquiries concerning possible training at these centers should be directed to the Central Office

NORTHEAST REGION

Representative: The Rev. Arthur G. Elcombe, Episcopal Hospital, Front Street and Lehigh Avenue, Philadelphia 25, Pa.

Bellevue Hospital Center—First Avenue and 26th St., New York 16, N. Y. Program expected to open in summer. Direct inquiries to Central Office.

Connecticut State Hospital—Middletown, Conn. Not open until further notice; Chaplain Supervisor to be announced.

Danville State Hospital—Danville, Pa. Chaplain Supervisor, the Rev. George N. Young. Will accept up to six beginning students; men and women; Winter, Spring, and Summer quarters. Full maintenance. No stipends No work for wives.

Episcopal Hospital—Front Street and Lehigh Avenue, Philadelphia 25, Pa. Chaplain Supervisor, the Rev. Arthur G. Elcombe. Will accept up to six beginning and advanced students; men and women; Summer quarter. No maintenance Stipend for one, \$4,000, filled at present. Possible work for wives.

Federal Detention Headquarters—427 West St, New York, N. Y. Chaplain Supervisor, the Rev. Frederick C. Kuether. Will accept three students, men only, advanced students only, all places now filled until Fall 1956 Maintenance for two each quarter. No stipends. No work for wives.

New Jersey Neuropsychiatric Institute—Box 1000, Princeton, N. J. Chaplain Supervisor, the Rev. Ralph S Carpenter. Will accept 4 to 6 beginning students, men only. Summer quarter. Full maintenance. No stipends Work for wives uncertain.

New Jersey State Hospital—Greystone Park, N. J. Chaplain Supervisor, the Rev. Keith Keidel. Will accept up to six beginning and advanced students, men and women, Summer and Fall quarters Full maintenance. Stipend for assistant with two quarters' previous training, open now, to \$2,300. Possible work for wives.

Philadelphia State Hospital—Roosevelt Blvd. and Southampton Rd, Philadelphia 14, Pa Chaplain Supervisor, the Rev. Kenneth T. Farnell. Will accept beginning and advanced students, men and women, six each quarter. Full maintenance for all, quar-

ters available for married couples No stipends Work for wives possible on full time only, work possibilities best for full year.

St Luke's Hospital—Amsterdam and 113th St, New York 25, N Y Chaplain Supervisor, the Rev Otis R Rice Will accept up to six beginning and advanced students, men and women, Summer quarter Limited accommodations, meals No stipends No work for wives

SOUTHEAST REGION

Representative The Rev Ernest E Bruder, Saint Elizabeths Hospital, Washington 20, D C

District of Columbia General Hospital—19th and Massachusetts Ave, Southeast, Washington 3, D C Chaplain Supervisor, the Rev Herbert W Hillebrand Will accept up to five beginning and advanced students, men and women, Winter, Spring and Summer quarters Maintenance available at \$58 00 a month for both men and women, no room for couples No stipends available No work for wives

District of Columbia Department of Corrections—Lorton, Va Chaplain Supervisor, the Rev Knox Kreutzer Will accept up to six beginning and advanced students, men and women, Summer quarter Full maintenance No stipends No work for wives

Eastern State Hospital—Williamsburg, Va Chaplain Supervisor, the Rev Archibald F Ward, Jr No program until further announcement

National Training School for Boys—P O Box 2828, Washington 13, D C Chaplain Acting Supervisor, the Rev Carl E Ehrhart Will accept up to five beginning students, men only, Summer quarter Full maintenance for all students living on grounds No stipends Possible work for wives

St Elizabeths Hospital—Washington 20, D C Chaplain Supervisor, the Rev Ernest E Bruder Chaplain Acting Supervisors the Rev Edward F Dobihal, the Rev Robert B Robey Will accept limited number of advanced students only until further notice Maintenance provided according to availability of funds Stipend to \$2 800 currently allocated for one assistant in training Filled at present. Possible work for wives

South Carolina State Hospital—Columbia, S C Chaplain Supervisor, the Rev J Obert Kempson Will accept from four to six beginning and advanced students, men always, and women when room is available, Winter and Summer quarters Full maintenance Stipend for one advanced student on application, open now, \$100 a month plus room and meals Work for wives uncertain

Western State Hospital—Drawer 1080, Staunton, Va Chaplain Supervisor, the Rev Homer L Jernigan Will accept men and women students, up to three advanced in Winter and Spring quarters, up to six Summer quarter Full maintenance Stipend for one on application, advanced student, open now, \$76 00 per month No housing for wives, no work for wives in hospital but possible in town

CENTRAL REGION

Representative The Rev Thomas W Klink, Topeka State Hospital, Topeka, Kans

Boys Industrial School—Topeka, Kans Chaplain Supervisor, the Rev Charles V Gerkin Will accept beginning and advanced students, men always, but only one woman per quarter Full maintenance for singles, board and laundry only for couples No stipends No work for wives

Columbus State Hospital—1960 West Broad St, Columbus 15, Ohio Chaplain Supervisor, the Rev Maurice C Clark Will accept up to six beginning and advanced students, men and women, Winter and Summer quarters Noon meals only No stipends at present Work for wives in recreation and occupational therapy, nursing

Cook County Hospital—1835 West Harrison, Chicago 12, Ill Chaplain Supervisor, the Rev Edward P Dixon Will accept up to six beginning and advanced students, men and women, Winter and Summer quarters No maintenance, no stipends Work for wives in Chicago but not in hospital

Federal Correctional Institution—Ashland, Ky Chaplain Supervisor, the Rev Mark Shedron Will accept up to three men

students preferably with one quarter of training, no women, Winter and Spring quarters Full maintenance Married couples may obtain apartments in town for nominal rent No stipends No work for wives Desire students who can stay more than one quarter.

Manteno State Hospital—Manteno, Ill Not open until further notice Chaplain Supervisor to be announced Direct inquiries to the Central Office

Medical Center for Federal Prisoners—Springfield, Mo Chaplain Supervisor, the Rev Henry H Cassler Will accept up to two advanced students only, men only, Winter, Spring, Summer, and Fall quarters Board and room available No stipends No quarters or work for wives

Mendota State Hospital—Madison, Wis Chaplain Supervisor, the Rev James R Love Will accept up to six students beginning and with one quarter training, men and women Board and room for men, possibly for women Winter and Summer quarters No quarters for couples unless wife works in hospital, work for wives sometimes available No stipends

North Dakota State Hospital—Jamestown, N Dak Chaplain Supervisor, the Rev Bjorn B Nielsen Will accept up to six beginning and advanced students, men and women, Winter and Summer quarters Board and room for all students, including married couples Stipends may become available Some work for wives available

Osawatomie State Hospital—Osawatomie, Kansas Chaplain Supervisor, the Rev Charles E Hall, Jr Will accept up to six beginning and advanced students, men and women, Winter and Summer quarters Board and room available upon application Stipends for two advanced students, \$85 Some work for wives

Peoria State Hospital—Bartonville, Ill Not open until further notice Chaplain Supervisor to be announced

Topeka State Hospital—Topeka, Kansas Chaplain Supervisor, the Rev Thomas W Klink Will accept up to six beginning and advanced students, men and women, Summer quarter, up to four in either Winter or Spring quarters, and four in Fall quarter Full

APPENDICES

maintenance Small stipend for advanced student, open now.
Work for wives uncertain

U S Public Health Service Hospital with The College of the Bible, Lexington, Ky Chaplain Acting Supervisor, the Rev Jack M Sherley Will accept up to six beginning students, men or women, Summer quarter, other quarters when three students apply Upon application some students and/or wives may work for full maintenance No stipends

SOUTHWEST REGION

Representative The Rev Charles R Jaekle, Austin State Hospital, Austin, Texas

Austin State Hospital—Austin, Texas Chaplain Supervisor, the Rev Charles R Jaekle Will accept up to six beginning and advanced students, men and women, Winter, Spring, Summer and Fall quarters Full maintenance No stipends No work for wives

Central State Griffin Memorial Hospital—Box 151, Norman, Okla Chaplain Supervisor, the Rev L Mack Powell Will accept men and women students Stipends may become available Work for wives

Federal Reformatory—El Reno, Okla Chaplain Supervisor, the Rev L Burns Saltzgiver Will accept up to five advanced students only, men only, Winter, Spring and Fall quarters Board available but not rooms or laundry No stipends No work for wives

Rusk State Hospital—Rusk, Texas Program expected to open in summer Direct inquiries to Central Office

San Antonio State Hospital—P O Box 1840, San Antonio, Texas Chaplain Supervisor, the Rev Gerald G Walcutt. Will accept up to six beginning and advanced students men and women, all four quarters Board room, and laundry for both men and women No scholarships, possible stipend for one advanced student, \$100 a month Work for wives uncertain

Terrell State Hospital—Terrell, Texas Chaplain Supervisor, the Rev Walter P Bell Will accept up to six first and second

quarter students, men and women, Winter, Spring, Summer, and Fall quarters Board and room for both men and women No stipends as yet Work for wives uncertain

PACIFIC REGION

Representative The Rev J Lennart Cedarleaf, Northern Reception Center and Clinic, State Youth Authority, P O Box 100, Perkins, Calif

Metropolitan State Hospital—Norwalk, Calif Chaplain Supervisor, the Rev Miles W Renear Will accept up to six beginning and advanced students, men and women, Summer quarter Full maintenance for men and women No stipends No work for wives

Napa State Hospital—Napa, Calif Chaplain Supervisor, the Rev Herman Eichorn Will accept up to six beginning and advanced students, men and women, Winter, Spring, and Summer quarters Full maintenance for men and women No stipends No work for wives

Northern Reception Center and Clinic—P O Box 100, Perkins, Calif Chaplain Supervisor, the Rev J Lennart Cedarleaf Will accept two advanced students only, men or women, Summer quarter No maintenance Stipends for two, open for summer, \$200 No work for wives except in town

Patton State Hospital—Patton, Calif Chaplain Supervisor, the Rev Jess E Moore Will accept beginning students, men and women Full maintenance for men and women. No stipends No work for wives

INSTITUTE OF PASTORAL CARE, INC

The Institute is a non sectarian educational foundation under the direction of a Board of Governors The courses offered are six or twelve weeks in length Each training program is, to all practical purposes, an autonomous, self sustaining unit under the direction of a Chaplain Supervisor accredited by the Institute of Pastoral Care

At each Center the Chaplain Supervisor is in charge of all in-

struction He is assisted by as many qualified associates as the enrollment requires. The ratio is five or six students per leader. The programs at the Centers vary in content, depending upon the nature of each institution All utilize the clinical approach of actual pastoral work with sick people Ample opportunity for personal conferences is provided The schedule requires approximately eight hours of work each day at the Center Ordinarily there are neither evening assignments, nor night classes, and students are usually free on Saturdays and Sundays

The tuition charge is \$60 00 for a six weeks' session and \$120 00 for a twelve weeks' session A deposit of \$5 00, which is later applied to the tuition cost, must accompany each application A few Centers are able to provide room and board in return for limited service to the institution At the other Centers this cost is assumed entirely by the student

Both theological students and clergymen are accepted for training in most of the Centers Application for admission to one of the training programs must be sent to the Chaplain Supervisor in the Center where enrollment is sought The necessary forms can be obtained either from the Chaplain Supervisor or from the Institute office in Boston Seminaries and theological colleges grant as much as six credits for each six weeks' course successfully completed and so certified by the Institute of Pastoral Care

General inquiries should be addressed to The Rev James H Burns, Executive Secretary, Institute of Pastoral Care, Inc, Massachusetts General Hospital, Boston 14, Mass

GENERAL HOSPITALS

Augustana Hospital, Chicago 14, Ill The Rev Daniel H Sandstedt, Chaplain Supervisor Six weeks June 18-July 27. Twelve students or clergy

Emanuel Hospital, Portland 12, Ore The Rev H George Randolph, Chaplain Supervisor Six weeks June 4-July 13 Twelve students or clergy

Massachusetts General Hospital, Boston 14, Mass The Rev. James H Burns, Chaplain Supervisor Six weeks June 4-July 13,

twelve students. Six weeks July 16-August 24, twelve pastors, pastoral counselors, chaplains, or teachers of pastoral care.

Miami Valley Hospital, Dayton 9, Ohio The Rev. James E. Finchbaugh, Chaplain Supervisor. Six weeks June 18-July 27. Twelve students or clergy.

New England Center Hospital, Boston 11, Mass. The Rev. Haldean S. Lindsey, Acting Chaplain Supervisor. Six weeks June 18-July 27—Six students or clergy.

St. Louis City Hospital, St. Louis 4, Mo. The Rev. William F. Rogers, Chaplain Supervisor. Six weeks June 4-July 13. Ten seminary students.

University Hospital, Ann Arbor, Mich. The Rev. Malcolm B. Ballinger, Chaplain Supervisor. Six weeks June 4-July 13, twelve students or clergy. Six weeks July 16-August 24, twelve persons who have had previous clinical pastoral training. Applicants may enroll for twelve weeks. Twelve weeks—January, February, March of each year. This course is especially designed for those preparing for hospital chaplaincy.

MENTAL HOSPITALS

Boston Psychopathic Hospital, Boston 15, Mass. The Rev. Joseph F. Woodson, Acting Chaplain Supervisor. Six weeks, July 9-Aug. 17. Six students or clergy.

Boston State Hospital, Boston 24, Mass. The Rev. Judson D. Howard, Chaplain Supervisor. Twelve weeks June 4-August 24. Ten students or clergy.

Cleveland Receiving Hospital, Cleveland 15, Ohio. The Rev. David Loegler, Acting Chaplain Supervisor. Six weeks June 18-July 27. Ten students or clergy.

Westborough State Hospital, Westborough, Mass. The Rev. Henry H. Wiesbauer, Chaplain Supervisor. Six weeks July 16-August 24—Six students or clergy.

Medfield State Hospital, Harding, Mass. The Rev. Charles W. Stewart, Chaplain Supervisor. Six weeks June 4-July 13, six students or clergy. Six weeks July 16-August 24, six students or clergy. Applicants may enroll for twelve weeks.

Pownal State School, Pownal, Maine The Rev. Robert C. Defenderfer, Acting Chaplain Supervisor. Six weeks June 4-July 13, six students or clergy. Six weeks July 16-August 24, six students or clergy.

Worcester State Hospital, Worcester 7, Mass. The Rev. John I. Smith, Chaplain Supervisor. Six weeks June 4-July 13. Fifteen students or clergy.

OTHER CENTERS

Boston City Hospital, Boston 18, Mass., and Massachusetts Memorial Hospitals, Boston 18, Mass., Rev. John M. Billinsky, Director of Clinical Pastoral Training, Andrew D. Elia, M.D., Associate Director, Chaplains Lloyd E. Beebe and Leicester R. Potter, Jr., Assistant Directors. Seventy students, twelve weeks' sessions from June 4-August 24, 1956. Andover Newton Theological School allows academic credit of twelve semester hours. Preference is given to clergy with two or more years of pastoral experience. Department of Psychology, Andover Newton Theological School, Newton Centre 59, Mass.

Concordia Theological Seminary, St. Louis 5, Mo. (Luth. Mo. Synod) Training program is conducted at the Lutheran Hospital, St. Louis, under the supervision of Chaplain Edward Mahnke.

Elgin State Hospital, Elgin, Ill. An independent center now in its twenty-fourth consecutive year. A program of service and of study. Beginning and advanced work. Emphasis upon the interrelationship of mental disorder and religious experience. Special attention to methods of cooperative inquiry. Living expenses provided. A limited number of scholarships available. Rev. Clarence Bruninga, B.D., Supervisor, Rev. Anton T. Boisen, D.D., Consultant.

New Orleans Baptist Theological Seminary, New Orleans 22, La. (So. Bapt.) Summer Course. The Clinical Division of the training program is under the direction of the chaplain at Southern Baptist Hospital, Rev. Dr. W. W. Hamilton, and the assistant chaplain, Rev. Allen Brabham. An eight weeks' summer program is offered and is open to pastors, ministerial students, religious

education students, and other religious workers This intensive program is accepted for four semester hours' credit on B D and M R E degrees by the New Orleans Baptist Theological Seminary The number of students is limited to ten The program opens about June 1st No fees are charged by the Hospital Regular matriculation fees are charged by the Seminary Students furnish their living expenses Rev John M Price, Jr, Th D, General Director

Pennsylvania Council of Churches, 2403 North Front St, Harrisburg, Penna Cooperative clinical pastoral training at state institutions administered through the Division of Evangelism Rev Kermit L Lawton, Executive Secretary

North Carolina Baptist Hospital and Bowman Gray School of Medicine, Winston-Salem, N C Rev Richard K Young, Ph D, Director of the Department of Pastoral Care These institutions offer six weeks courses in Pastoral Care beginning the second Monday in January each winter for pastors and religious workers active in the field A tuition fee of \$15 00 is charged for this six weeks' course Housing is furnished without cost and the individual is allowed to purchase his own meals in the Hospital dining hall for 65c per meal

Eight weeks courses are offered at these institutions beginning the first of May and continuing throughout the summer The first classes begin about May 1st, and the second series about July 1st These eight weeks' courses are designed for theological students in the Seminary A tuition fee of \$15 00 is charged and rooms are furnished without cost to the individual Meals may be secured in the Hospital dining hall at 65c per meal

Internship program The Department of Pastoral Care of the North Carolina Baptist Hospital and The Bowman Gray School of Medicine offers three, six, nine, or twelve months of training to men who have already had six or eight weeks of clinical training The Hospital pays \$125 00 a month to the intern and furnishes him a place to live at a cost of \$10 00 per month, and he is entitled to meals in the Hospital dining hall at a cost of 65c each

Southern Baptist Theological Seminary, Louisville, Ky, sponsors a clinical training program within the framework of its curriculum for students who are registered for degrees. This program operates at four levels of intensity.

(1.) Students at the B D level have opportunity in limited and selected numbers to work as psychiatric aides at nearby institutions. A definite pattern of lectures, reading assignments, discussion groups, and attendance upon staff conferences is formulated and conducted by the hospital staff of psychiatrists, clinical psychologists, psychiatric nurses, and social workers. The objective of the course of activities is to give the student basic psychiatric information along with controlled opportunities for observation. The student gets field work credit for this activity, and is permitted to count his experience and learning in the situation as parallel work in his course in the field of psychology of religion and pastoral care at the Seminary.

(2.) Students at the Th M level are given status as assistants to the chaplain at the Central State Hospital and work at Norton Psychiatric Clinic. They work under his direct supervision for a minimum of four hours per week on the wards, and participate in four class seminar hours per week under the instruction of the chaplain, who has the status of an instructor in the Seminary.

(3.) Students at the Th M level are given credit on summer clinical work done with any of the agencies who comply with the standards of the National Conference on Clinical Pastoral Education.

(4.) During the winter, a seminar in Marriage and Family Counseling is taught throughout the year, and the students are given opportunities to do formal office counseling, under supervision, in the facilities of the Seminary itself. Persons from the surrounding community seek help from the department on an informal basis in sufficiently large numbers to make this possible. Likewise, students who are pastors of churches present the case material from interview situations in their parish fields. Rev Wayne E. Oates, Th D, General Director

OPPORTUNITIES FOR STUDY IN PASTORAL PSYCHOLOGY UNDER ROMAN CATHOLIC AND JEWISH AUSPICES

The following offerings of opportunities for study in the field of pastoral psychology under Roman Catholic and Jewish auspices was compiled by the National Academy of Religion and Mental Health. Inquiries concerning these opportunities can be made to the Reverend George Christian Anderson, Director, 2 East 103 Street, New York 29, New York

OPPORTUNITIES FOR STUDY IN PASTORAL PSYCHOLOGY, FOR THE BENEFIT OF CLERGYMEN UNDER ROMAN CATHOLIC AUSPICES

I Open to clergymen of all faiths

St John's University, The Institute for Mental Health, Collegeville, Minn Three week long pastoral psychology workshops during the first three weeks of August of each year. Financed in part by a grant from the Hamm Foundation of St Paul, these workshops are limited to an enrollment of 40 each week under a faculty of two lecturers and four seminar directors who are qualified psychiatrists or psychologists. Rev. Alexis Portz, O S B, Director

Institute for the Clergy on Problems in Pastoral Psychology, Fordham University, New York 58, N Y A week long Institute held for the first time in 1955 and planned to be conducted henceforth during the third week in June on alternate years. Consequently, the Institute will not be held during 1956, but will be offered in 1957. The 1955 Institute was financed in part by a grant from the New York State Department of Mental Hygiene. The faculty is composed of psychiatrists, psychologists, and qualified clergymen. Alexander A. Schneiders, Ph D, Chairman of Institute Committee

II Open to Roman Catholic clergymen only

Institute in Psychiatric Problems of Pastoral Work, Loras College, Dubuque, Iowa The Institute presented for the first time for five days during July, 1955, will be offered again for a three

day period during July, 1956, when it will concentrate on emotional conflicts encountered in pastoral work. Faculty consists of psychiatrists and psychologists. Rt. Rev. Msgr. Timothy J. Gannon, Director.

Institute on the Counseling of Disturbed Persons, Gonzaga University, Spokane 2, Washington. This Institute was first presented for a two week period during July, 1955, and will probably be repeated in the same or similar form in the summer of 1956. The faculty is composed of clergymen, who are also qualified psychologists. For further information address: Rev. John J. Evoy, S.J., Director.

OPPORTUNITIES FOR STUDY IN PASTORAL PSYCHOLOGY
OFFERED UNDER JEWISH AUSPICES

I. The Institute for Pastoral Psychiatry of the New York Board of Rabbis, 10 E. 73 Street, New York, N. Y.

1. *The Department of Human Relations.* The Department aims at providing the rabbi with a broad understanding of human problems and a measure of insight into what help he can offer his congregants in specific problem situations. This program is offered at Mount Sinai Hospital—bi-monthly—November through May.

2. *The Department of Clinical Pastoral Training.* This course is similar to the program offered by the Council for Clinical Training, Inc. The Department offers an intensive 12-week summer program to rabbinical students who gain practical experience while they minister—under trained supervision—to Bellevue's Jewish patients.

3. *The Department of Pastoral Care.* This Department provides an introductory program in pastoral guidance and religious ministration with emphasis on the practical problems the rabbi is likely to encounter in counseling his congregants or those who are in hospitals, prisons, and other institutions. This course is offered for 12 consecutive weeks at Bellevue Hospital.

4. *The Department of Pastoral Guidance.* This course deals with the practical problems in the rabbi congregation relationship. It is being offered once a month at the New York Board of Rabbis.

II. Hebrew Union College—Jewish Institute of Religion

1 *New York School*—40 West 68th Street, New York City. The course of Pastoral Psychiatry covers the application of psychiatric information to various situations faced by the rabbi in his Pastoral Ministry. It deals with such problems as the visitation of the sick, the handling of grief and mourning, problems of marital counseling, problems of the various age periods.

2. *Cincinnati School*—Clifton Avenue, Cincinnati, Ohio. Offered by the Department of Human Relations This course deals with the rabbi, the congregation and the community Psychological and sociological aspects of the rabbis' role The dynamics of the interview Resources in marriage and family problems Visiting the sick and bereaved Role playing of rabbis' function as congregational and communal leader and as change-agent in social action

III. Jewish Theological Seminary, Broadway and 122nd Street, New York, N Y

Offered by the Department of Pastoral Psychiatry Lectures and seminars by practicing psychiatrists on the problems of personality and counseling

C. TEXAS MEDICAL CENTER INSTITUTE OF RELIGION

News Note from *Pastoral Psychology*, December, 1955, pp 59 60

A new and pioneering adventure in the field of religion and health is taking place at the Texas Medical Center, Houston, Texas, with the establishment of an Institute of Religion as part of the work of the Center. The purpose of the Institute is to develop a teamwork approach in the area of medical treatment and pastoral care for all those who minister to the patient. The principal objective of the Institute is to provide clinical study and training for ministers in actual, practical hospital situations. Ministerial students will learn pastoral care in practice in a controlled environment and under competent supervisors. Also involved in the program will be medical students, doctors, nurses, and other personnel.

The program is under the direction of Dawson C Bryant, D D , and has been organized under the joint auspices of the Texas Medical Center and the five theological seminaries in Texas: Austin Presbyterian Theological Seminary, Austin, Brite College of the Bible, Texas Christian University, Fort Worth, Episcopal Theological Seminary of the Southwest, Austin, Perkins School of Theology, Southern Methodist University, Dallas, and Southwestern Baptist Theological Seminary, Fort Worth.

The major responsibility for the teaching of pastoral care and the psychology of religion to the students from these five seminaries will be in the hands of Dr. Samuel Southard, whose re-

sponsibility will be the development of clinical practice, teaching, and the research phase of this important program. In addition to work with seminary students there will be training offered for pastors now in parishes.

D. THE REPORT OF THE COMMISSION ON THE MINISTRY

"CONFERENCE ON PSYCHOTHERAPY AND COUNSELING,"
Annals of the New York Academy of Sciences

THE FINDINGS OF THE COMMISSION ON THE MINISTRY

Presented by WAYNE E. OATES¹
Southern Baptist Theological Seminary, Louisville, Kentucky

1. *The Clergyman's Role as Counselor*

Counseling has always been at least implicit in the work of the clergyman in the Jewish and Christian traditions. The clergyman in these faiths has endeavored to give help to people especially at the crisis periods of life—at the time of birth of children, when persons self-consciously commit themselves to the religious community, on the occasion of marriage, when illness or grief or death strike, and at other points along life's way. Such ministry usually has been called "pastoral care" and, through the ages, many clergymen have worked diligently and skillfully at this task.

Despite the long tradition of counseling in the implicit sense

¹ This paper, presented by Dr. Oates at the conference on which this monograph is based, was written by him in collaboration with the other members of the Commission on the Ministry.

among Jewish and Christian clergy, however, it is only comparatively recently that the priest, the minister, and the rabbi have thought of themselves as counselors in the sense in which counseling is understood in this monograph. This formal awareness of counseling as a special part of the pastoral ministry has come about as the result of the following three influences, among others: first, the researches and insights of dynamic psychology and psychiatry have had tremendous impact upon the understanding of the human being as a totality, second, the recent wars have forced the military chaplain to become intensely aware of the manner in which pastoral counseling enters into his ministerial role, third, the gradual introduction of pastoral counseling into the curriculum of theological schools is focusing the attention of most clergy upon this aspect of their future ministry.

It is at this point of formal awareness of himself as a counselor that the clergyman's kinship with all the other helping professions becomes apparent. The pastoral counselor is not exempt from the disciplines required of other effective counselors. His work as a counselor depends upon the mastery of the same sources of knowledge about the functioning of the human personality as does theirs. He takes the scientific insights of others, or he develops his own. And when he does develop his own insights, he arrives at them in the same way as any other careful research worker. If he has effective techniques of counseling, he has acquired them through the same laborious process of critical self-examination as have others. There is no easy road to becoming a good religious counselor, any more than there is an easy road to becoming any kind of effective counselor.

We recognize that there are these and many other points of similarity between the work of the clergyman counselor and other counselors. However, the distinctive feature of his work as counselor deserves our first attention. It is that first, last, and always, he represents the church and religion in the eyes of his counselee. Most of the problems people present to a clergyman have religious overtones, even if they are not expressed. Whether or not the counselee is aware of the religious element inherent in his problem, the clergyman certainly recognizes it as such. Sometimes even a seemingly mundane problem can become attached

to some larger questions of the person's spiritual destiny under God

It is precisely for reasons of this kind, even though the counselee may not be aware of it, that he chooses to come to the clergyman. As one counselee put it, "You have moral responsibility, and I don't want anyone dealing lightly with my life." Whether this view is a distortion or not is beside the point. The fact remains that this kind of preselection process exists, and it brings to the clergyman-counselor most of the people who come to him for help.

In the eyes of his counselee, the clergyman is the leader of the religious community. On the one hand, this gives him the privilege of taking the initiative toward people in times of need. On the other hand, it tends to prevent a clearly defined situation in which he is formally perceived as a counselor. The reason for this is that the clergyman must also function as preacher, teacher, administrator, and pastoral visitor in turn. In his own eyes, however, the clergyman sees himself always in the larger context of the pastor-parishioner relationship. As far as counseling goes, it means that he functions always as a pastoral counselor, not exclusively as a counselor. His work is distinguished always by the religious setting in which it is done. Both he and his counselee attach religious objectives, resources, and patterns of meaning to the counseling process. This is true whether or not the clergyman, depending upon the counselee and his problem, happens to choose religious terms to understand and to communicate with his counselee. The clergyman's counseling is incidental to, although inseparable from, his relationship to his total group.

In functioning as a counselor, therefore, the clergyman always does so as a representative leader of a religious community. This works out practically in several ways.

First, his responsibility to the total group limits the amount of time he can spend with any one individual, regardless of the amount of training he has as a counselor.

Second, his right to choose or select his counsees is limited.

Third, the clergyman is less free than other counselors to terminate his relationship to his counsees, inasmuch as he is en-

duringly related to them as communicant members of his congregation

Fourth, the fact that a clergyman-counselor functions in the larger religious framework may be both a help and a hindrance to therapy. It would be a help to the extent that it would enable the counselee to relate readily in terms of confidence in the counselor. It would be a hindrance if the counselor were to use his position as a clergyman to dominate the counseling situation.

Finally, the clergyman's leadership of a religious community puts him in touch with situations that often would be considered "normal" by the psychopathologist, which nevertheless are severe problems to the person involved.

In summary, then, the clergyman, although a true counselor and, in this sense, one making contact with other counseling professions is, nevertheless, first and foremost a religious counselor. This latter aspect characterizes his uniqueness as a counselor.

2 The Clergyman's Counselees

The clergyman, as has been pointed out, deals at one level or another with anyone who seeks his aid. He cannot select his counselees, as the secular counselor does. Furthermore, the clergyman's primary concern is that his relationship with the counselee be an expression of his unique ministerial role even though his counselee may be under the care of other professional persons. At the same time, the clergyman is meeting his distinctly religious needs. This concern also underscores the ministerial aspect that can be found even in general, nonclerical counseling.

The minimum fulfillment the clergyman would seek in secular counselors or psychotherapists who treat his parishioners would be that they accept and take into account this religious dimension of their patient's need. Members of other professions may not be religious themselves. We hope they are. But what we ask is serious attention to the religious aspects of the needs of their patients or clients. We would go even further than this and refuse to declare religion a specialized function of the clergy in such a way as to relieve the other counselors represented here of the responsibility

of dealing realistically with the religion of their counselees and of recognizing it as a matter of real fact in their clients' lives

The counselees with whom clergymen deal may be divided into two categories those who *seek* the clergyman for help on a specifically religious problem in their immediate situation, and those to whom the clergyman must go The first group includes

1 Persons having religious conflicts doubts and questions Marital conflicts, for example, often take a specific religious direction People with such problems often seek help from their priest, rabbi, or minister

2 Persons who have committed sins of which they are aware come to clergymen as to representatives of God They seek God's pardon and forgiveness This group includes those who go to confession of one kind or another Included in this group are those whose difficulties are not manifestations of psychopathology

3 Convalescent psychiatric patients who feel the need to develop their religious dimension in addition to the psychotherapy they are receiving are turning in increasing numbers to clergymen

4 Persons who have misgivings with respect to psychologists, psychiatrists, and psychoanalysts often seek the help of clergymen instead This group includes those who are afraid to go to psychotherapists because they are uncertain as to the latter's attitude toward religion This may be a rationalization for avoiding therapy, but it also may have some justification in fact as well

5 Patients who are receiving psychotherapy and have questions about the wisdom of continuing therapy bring the question to the clergyman in many instances

6 Persons for whom psychotherapy may not be indicated come to the clergyman This would include older people who feel isolated and alone, and want to enter into a small group relationship The church has natural groups already in action for such people

7 The fact still remains that persons who cannot afford psychiatric treatment still turn to the church for this form of help The clergyman is in every town and hamlet, and he is often compelled by circumstances to assume the role of the poor man's psychotherapist

8 Finally, the clergyman in many instances gets the kind of person who has been unable to respond to counseling by other counselors. Such an unfortunate person expects a clergyman to perform a "miracle," or to act as his permanent crutch.

We are aware that our counselees often turn to psychiatry, psychology, psychoanalysis, etc. Often our counselees feel that we have failed with them, and we merely make note of the fact here that this happens to other counselors also, when their counselees turn to us. This kind of person provides an opportunity and the necessity for a difficult but rewarding kind of collaboration between the clergy and other professional persons.

Now, having seen the kinds of persons who seek out the clergyman, let us look at the second group, i.e., those to whom the clergyman must go. The person who seeks out the minister, priest, or rabbi is best dealt with by measures similar to those that characterize all good counseling and psychotherapy. Other measures must be developed in addition to these, however, to stimulate or uncover an awareness of need among those who do not feel the need for help. The confessional among Roman Catholics and others, the various events of the religious year among Jewish people, and pastoral visitation among all communions serve as points of precounseling contact with such persons.

3 Collaboration with Other Counselors

Both in the case of the persons who seek out the clergyman and those whom he must seek, the clergyman of today is becoming more intensely aware of the psychodynamics that motivate the religious behavior of his parish members. He is confronted with the creative tension of deepening his own concept of himself as a minister and, at the same time, incorporating the resources of other professional people in his helpfulness to his people. He genuinely must bring things both new and old out of his treasure.

Increasingly, the clergyman of today is developing both a philosophy and procedure of referral. Referral is a two way process, and sound relationships between the clergy and other counselors and psychotherapists seem to grow most readily as reciprocal referral becomes more common.

We as clergymen *do* refer persons for many reasons. Some of the reasons are as follows:

1. Because our time is limited by our other responsibilities to the religious community as a whole, we refer persons who require long term counseling and psychotherapy.

2. Because of the limitation of our legal and social responsibility for caring for persons in an uncontrolled environment, we refer persons to legally responsible therapists who can provide controlled conditions for therapy in hospitals and other institutions. Many of the persons whom we counsel are "acting out" their emotional conflicts, and the ways in which they involve their counselor call for the more detached controls of professional psychotherapeutic settings.

3. As clergymen, we are often geographically inaccessible to our counselees for a sufficiently sustained time to do anything other than interview them and give referral advice as to counselors who are accessible.

4. As clergymen, we often refer persons to whom we are related in such a way—socially, ecclesiastically, or in terms of authority—that the structure of our relationship does not permit us the degree of objectivity and detachment necessary for minimal counseling needs.

5. As counseling clergymen, we refer acute pathologies, particularly in the instances of organic complaints, psychotic and neurotic conditions, and those situations which require institutional resources not under our control or jurisdiction.

These referrals in and of themselves call for an over-all evaluation of the total pastoral situation. But in the processes of counseling and referral, the clergyman does not presume to diagnose and treat illness in the technical medical sense. He does not refer persons, either, in any of these instances simply because the problems are too difficult or time consuming. As a clergyman, he believes that the religious community has a stake in the destiny of the person regardless of how many other persons are attempting to help him. Nor does he, on the same basis, refuse to refer the person lest he seem to be confessing that religion has failed to "cure" him. He calls in specialized help, in this ministry to the

total person, in order that he may concentrate more fully on the religious needs of the person

4 Education of the Clergyman as Counselor

The education of the clergyman as counselor reflects the fundamental fact, noted above, that he is a religious counselor. Consequently, his basic education is as a clergyman, and his training as a counselor fits in an ancillary sense into this general framework. In terms of the specific training of the clergyman as counselor, two levels of such training may be distinguished: (1) preparation in general pastoral counseling for all the clergy, and (2) specialized training for a smaller number.

With reference to general pastoral counseling for all the clergy, the principal objective is to make training in such counseling as widely available as possible. To this end, seminaries and divinity schools are introducing courses at every level in the area of pastoral care, personal counseling, pastoral psychology, and clinical pastoral training. An increasing number of the schools of theology in the American Association of Theological Schools have added professors in these specific subjects since 1945. The major danger at this point is that methods that can best be understood under highly individualized clinical supervision will be taught en masse and that superficially trained instructional staffs will be appointed in order to meet the pressing demand of students. At least four studies of the problems in which pastors feel the most pressing need for training place pastoral counseling first in the pastors' reports.

The level of specialized training in counseling among clergymen is distinguished by the fact that, in this case, the clergyman has added technical training and professional competence in an allied discipline to his fundamental education as a clergyman. Typically, in such an instance, the clergyman is also a qualified psychologist, social worker, or even psychiatrist. The danger inherent in this kind of specialization is rather obvious. It creates a problem of integration for the individual clergyman, who must find a formula to unite his specialization with his fundamental ministerial work, so that his additional training does not make him less, but more, a man of God to those who come to him for

counsel and guidance. The danger to the clergy as a whole arises from the possibility of a separation developing within the church by reason of such specialization.

The unanimous thought of this commission is that the creation of a specialty of counseling among ministers, a subprofession, so to speak, is highly undesirable. Teachers, chaplains, and research persons among the clergy will increasingly become more proficient, but the whole reason for this improvement is to intensify the ability of the total clergy rather than to create a "priesthood" within a priesthood, as it were. Education for all the clergy to make them more apt in their primary tasks as representatives of God in the church among men—this is the functional objective. In every instance, the training and efficiency of the clergyman are endowed with the particular meaning of his own identity as a man of God. Everything the clergyman has is subordinate to this fundamental fact.

Some data as to the extent of training in counseling among ministers are relevant at this point.

In the past 30 years, about 4,000 Protestant clergy have participated in programs of clinical pastoral training. These programs are conducted in accredited institutional training centers in mental and general hospitals and correctional institutions. Programs are usually 6 or 12 weeks long, although from 30 to 50 clergy annually undertake a year of such training. The 45 to 50 training centers, scattered all over the country, are sponsored by such interdenominational organizations as the Council for Clinical Training, and the Institute of Pastoral Care, or by individual seminaries and denominations. The setting of standards and the accreditation of the Chaplain Supervisors have been matters of concern and action to the National Conference on Clinical Pastoral Training. In the last seven years, there have been established two journals in the field of pastoral care and pastoral psychology.

The Department of Human Relations of the New York Board of Rabbis Institute for Pastoral Psychiatry meets at the Mount Sinai Hospital, New York, N. Y. The department offers a program of lectures on pastoral counseling by outstanding medical and psychiatric authorities. As extensions of this initial project,

two additional departments have been founded the Department of Clinical Pastoral Training and the Department of Pastoral Care, which meet at Bellevue Hospital. The former offers rabbinical students an intensive three month summer course, the latter provides training in pastoral guidance and religious ministration for rabbis and chaplains.

As an instance of somewhat more specialized training, reference may be made to the 65 or more priests who are currently members of the American Psychological Association, approximately half of whom have become members within the last six years. Priests in considerable numbers also hold formal degrees in social work, and about a half dozen in the United States are fully qualified psychiatrists.

These data attest sufficiently to the growing conviction on the part of all religious groups of the need for training in pastoral counseling as part of the integral education of the clergyman.

At no point does the fact that the minister works in the context of a larger community appear more vividly than at the point of selection procedures and criteria of selection for prospective candidates for the ministry. This is the function not of the ministry but of the church as a church, the congregation of the religious community. The church has always desired to secure the best of its members as its leaders in the ranks of the clergy. This fundamental desire has led in recent years to the growing adoption of psychological testing as an adjunct employed in the selection of prospective clergymen. This development seems related to the importance of sound personal adjustment in one who, as a clergyman, would be called upon to counsel others in the problems and crises of life.

5 Evaluation of the Minister as Counselor

In considering the evaluation of the work of the clergyman as counselor, it is helpful to distinguish the double criterion according to which the clergyman would evaluate his work, namely, scientific and theological. The clergyman is no more exempt from scientific criteria of evaluation of his work as a counselor than he is from the use of scientific techniques in counseling. Here, again, the clergyman acknowledges his kinship with coun-

sels in other disciplines but, at the same time, he is aware that his counseling has an added dimension—the religious aspect—and it is in terms of both of these features that his counseling efforts must be judged

In terms of scientific criteria of evaluation, the clergyman is aware, as are his colleagues in other disciplines, of the paucity of evaluative data whereby his work as a counselor can be critically judged, its limitations corrected, and its effectiveness enhanced. Besides the general problems of scientific evaluation shared by all counselors, the clergyman discerns additional evaluative problems arising from the religious context in which his counseling is conducted

In this latter connection, it may be noted that the clergyman counsels predominantly in short-term relationships as a formal counselor, although these relationships are set within the more enduring fellowship of the church. Therefore, some research needs to be done as to the relationship between the "already established" rapport that exists between a clergyman and his counselee and the shortening of the length of time necessary for effective results in counseling. The research in the area of pastoral counseling is just beginning, and more intensive evaluation of the results of pastoral counseling needs to be done. Clergymen are too quick to accept superficial change as a sign of real improvement. They, like others, have not carefully recorded and followed up their counseling relationships. Clergymen have tended to take at face value fads in psychiatric, psychoanalytic, and psychological theory without developing their own research methods and materials by which to test the assumptions and conclusions of these research persons. Probably the most exhaustive research being done is the Ph D and Th D programs of several schools. Only a few crucial beginnings, however, have been made in the recording of pastoral counseling interviews and in the development of quantitative studies of a research nature that test some of the "hunches" pastoral counselors have developed on anecdotal studies of their own hurried experiences with a few people. Also, more studies are needed whereby the psychiatric and psychological theories about religion can be tested.

These criticisms of counseling as done by the clergy imply

a criticism of the attempts of many clergymen to counsel "whole-sale" from the pulpit. The correspondence of the preaching and counseling situation is profound, however. The difference between the two situations is equally profound, and the commission "views with alarm" the superficial handling of human need in much of American preaching today. Likewise, the same observation would apply to the preaching methodology of many psychologists and psychiatrists who write and lecture today. We would remind both ourselves and our fellow counselors that the processes of spiritual growth and psychological functioning do not permit superficiality.

Furthermore, we would insist, as clergymen, that counseling in the context of the religious ministry must constantly be weighed in the balance of an adequate understanding of the nature and function of religious experience itself. Rightly understood, this is the psychology of religious experience, which includes an examination of religious behavior from a psychological point of view. The clergyman would measure his insight and his techniques in the light of such questions as "What is psychology's role in interpreting the function of religion in the human organism?" For instance, what light does his analytic "father-figure" concept throw upon religious devotion, and wherein does prophetic religion in history give corrective insights in considering the Freudian theory of projected father figures in religious experience? Another question "Are there any distinctly theological descriptions of the development of personality that may be studied comparatively with the various concepts of the development of personality set forth by the psychologists?" Another question "What correlations may be drawn between the end results of idolatry as portrayed in the Biblical account and the end results of pathological interpersonal relationships as portrayed in the neuroses and psychoses?" These are but a few illustrative questions that have "open ends" for reflective thinking on clinical phenomena.

These questions stress a second criterion of evaluation in addition to purely scientific criteria for evaluating the clergyman as a counselor. The clergyman can never lose sight of the uniqueness of his role as a religious counselor, and hence must evaluate the effectiveness of his counseling also in terms of the spiritual bene-

fit to the counselees. A purely scientific criterion of evaluation that might be sufficient for other counselors will be inadequate for the clergyman. If the latter has succeeded in helping his counselee to a psychological adjustment but nothing more, he may rejoice that, in so doing, he has added to the sum total of human happiness, but he must consider that he has failed as a religious counselor. The clergyman always sees God as a partner in the counseling process, characteristically seeks divine guidance in his counseling work, and feels rather hesitant in attributing to his own efforts whatever success may be achieved in counseling.

These considerations draw the clergy to a deepened realization of the human element in their task, the finitude of their measures, and their need of a vaster view of things as a whole, whereby they see things as they are, and not as their particular biases would cause them to wish to see them. The search for a higher criterion for counseling is not unlike the search of a counselee for the meaning of his life.

When the clergy of all faiths say that man is in the image of God, a part of what they often mean is that something creatively different and unique is in that particular person that distinguishes him from all others and joins him to God at the same time. This reflection helps the clergyman to take the attitude of a student, not only toward his fellow counselors in allied professions, but also toward his counselees.

Who is man and what is the universe? Who are we and where are we going and what is it all about? These are questions that join counselor and counselee alike as spiritual pilgrims in a common quest.

THE PASTOR AS COUNSELOR

(Discussion of the Findings of the Commission on the Ministry)

By PAUL E. JOHNSON

Boston University School of Theology, Boston, Massachusetts

1. *The Clergyman's Role as Counselor*

The role of the pastor is not his own invention, but a social creation emerging from what is expected of him. In the United

States, more than 50 per cent of the population belong to churches or synagogues, and these people look to pastors for counsel. They turn to the pastor, for he represents the concern of the religious community for each person. They expect from him unfaltering personal interest, unselfish devotion to their welfare, and understanding of their inner feelings and needs. He is expected to stand by them in time of illness and death, to help them meet crises, and to bless them in their times of rejoicing as marriage and childbirth.

No pastor can escape the role of counselor unless he turns his back upon these requests and denies his vocation, for he is called to this work. There is a recent trend which puts counseling at the center of his work. More people are coming for counsel and expecting more knowledge and skill than ever before. This requires of the pastor additional resources for which he turns to psychology and psychiatry, to social work and the sciences of man to become more competent in counseling.

2 The Clergyman's Counselees

It is not surprising that people come to the pastor with religious problems, but it may be surprising to find them coming with all kinds of problems. Do they expect him to work miracles or know the answers to every question? Not exactly this, but they come to him because they feel related to him through religious fellowship, and they trust that he cares for their souls, wants them to have the best life, and will give them the best that he has to give.

In the Pastoral Counseling Service at Boston University, 1,100 interviews were held in 1953. Of these, the leading problems presented were marital problems, parent and child relations, anxiety and guilt, vocation, psychotic trends, self emergence, sex problems, health problems, education, grief, etc.

These persons come because they are related meaningfully to the pastor or other worker who refers them. They are concerned about the meaning and value of life in their particular situation, and hope for deepening understanding that will enable them to cope with life better.

3 *Collaboration with Other Counselors*

It is likely that people bring similar problems to other counselors. How, then, are we distinct? Each profession has a unique competence that is its specialization. The physician deals with medical problems, the social worker with social problems, etc. There is likely to be some overlapping, however, as people want to consider special problems in relation to other areas of life, "to see life steadily and see it whole." The minister deals especially with these larger perspectives of life, the meaning and purpose of it all, the goals for which we strive, the values that are most worth while, and attitudes by which to give our best.

No one is excluded from these larger concerns, and every profession takes bearings from distant goals. We may rightfully expect, then, as the commission has said, that counselors in other professions will acknowledge a religious dimension as meaningful or problematic in the life of most persons, not to be discounted or discarded, but respected and given room for consideration, if not by another profession, at least by recognition that there is something here to work through with a religious counselor.

On careful examination, it would appear that all of the counseling and healing professions have religious motivation underlying their reverence for life, their concern for every person's growth, and their unselfish devotion in faithful service for reasons other than the fee. But they may not intend to be so vocal about these motivations as the religious counselor, or prepared to explore the ultimate meaning of life so extensively as the pastor.

The time for rivalry among our professions has long since passed. No single profession can claim to do the whole job or have all the answers. The inevitable result of specialized services is to become interdependent upon each other for mutual support. Granting this theoretically, we have not yet become a team in the full sense required by the multiple needs of life. We need to know each other better, to listen to each other's talk until we understand the jargon and the conceptual systems by which we operate. We need two way referrals with consultation and follow up with reporting and reconsideration in the light of our total experience and perspectives.

4 *Education of the Clergyman as Counselor*

It is true, as the commission finds, that theological education is basic to the education of the pastoral counselor. To qualify for the arduous work of counseling, however, he will need thorough preparation beyond the traditional classroom and library work of theological education. If he is to comprehend the dynamics of personality and interpersonal relations, he will need a systematic sequence of psychological studies and well guided practice in working face to-face with people.

Clinical training is essential and now available in many hospitals where the theological student will function in the role of pastoral counselor, supervised by a teaching chaplain with the co operation of an interprofessional staff. Training may also be available in pastoral counseling centers with individual supervision and participation in regular staff meetings, as provided for doctoral candidates at Boston University.

Every pastor ought to have as much of this training as possible, yet the education should be offered at different levels, as for the parish minister who is equivalent to the general practitioner, and for the special requirements of the full time pastoral counselor, the institutional chaplain, or the teacher of other pastors.

The use of psychological tests for selection and guidance of theological students has recently become a general practice. An urgent need not yet widely met is to provide psychotherapy for the pastor as part of his preparation for his vocation. Where there is special need and/or ability to pay, some are having psychiatric therapy. Theological students are also asking for group therapy and pastoral counseling, but the availability of therapists and counselors does not yet equal the demand. When students write up pastoral interviews for group discussion and supervising comments, there is some therapy to be expected in the experience of understanding more deeply what in oneself complicates the counseling relationship. Spiritual exercises of prayer and meditation are also therapeutic.

If our teamwork could advance to the point where theological students might have psychotherapy from psychiatrists, psychologists, or social workers, it would not only improve their mental

health, but qualify them better to serve the mental-health needs of the community. Or, again, if seminars could be arranged in more communities where regular case conferences could draw together these counseling and healing professions, there would be continuing education in understanding, skill, and teamwork

5. Evaluation of the Minister as Counselor

Research is needed to evaluate how persons are changed through counseling and what the goals of therapy are to be. Too often we take for granted that if a person feels better, he has had successful psychotherapy. But the pleasure principle is not enough. We need to consider also the reality principle of inner character development and outgoing relationships that are to be free of distortion and creative in the production of true values. Religion and philosophy may demonstrate teamwork with the sciences in evaluating these goals of therapy and in discovering what reality principles to take into consideration. Local gains are not sufficient unless human life is true in reference to the larger dimensions of reality that we call God or purpose, human destiny, and ultimate values.

Doctoral research may work in these areas to cope with theoretical issues of significance to the work of psychotherapy and counseling. Doctoral studies have been made in some problems such as "The Roman Catholic Confessional and Protestant Psychotherapy," "The Place of Grief Work in Mental Health," "Group Therapy as a Method for Church Work," "The Use of Group Psychotherapy in the Professional Training of Ministers," "The Meaning and Development of Empathy in the Mental Hospital," "Client Centered Therapy and the Christian Doctrine of Man," "The Function of Faith in Psychotherapy," "The Relation of Some Concepts of Salvation and Psychotherapy." These are feeble beginnings, yet they are significant first steps. What is needed now is to enlarge the area and importance of research by developing teamwork among these professions in designing and conducting co-operative research. When research becomes multidisciplinary, the uncritical assumptions and soft spots of one approach may be corrected by the stimulation of mutual criticism and the encouragement of interpenetration of minds and

methods in unified attack upon ill-defined and elusive problems.

Whether we can talk the same language and work with common symbols is an open question yet to be determined, not by shrugging off the outlander who is not our kind, but by putting our shoulders together and learning to work and laugh and converse together with open minds and generous hearts

RELIGIOUS AND MORAL ISSUES IN PSYCHOTHERAPY AND COUNSELING

(Discussion of the Findings of the Commission on the Ministry)

By NOEL MAILLOUX

Center for Research in Human Relations, Montreal, Canada

To anyone who is perusing carefully Reverend Oates's report, it appears evident that the commission has studied the various implications of psychotherapy and counseling in regard to pastoral work in a rather exhaustive manner. Thus, instead of merely attempting to suggest some unmentioned aspects of the problem, one sees the way open for a discussion leading to deeper insights along the proposed lines of investigation. Therefore, within the space allotted to me, I should like to concentrate on issues that seem of major importance for one who is tackling the problem from the specific viewpoint of the clergyman.

In this particular field, indeed, the minister of religion cannot be satisfied with borrowing the knowledge and experience accumulated by members of other professions to develop the skill required for the proper accomplishment of his own work. He must also offer an indispensable contribution in building up the new synthesis that, as this interdisciplinary meeting is suggesting, finally seems to be in the process of being elaborated. Undoubtedly, defining such contributions will increase at once the significance of all the five points considered in the report.

We are certainly justified in requiring that members of other professions pay "serious attention to the religious aspects of the

needs of their patients or clients " We must not forget, however, that it is our task to provide them with adequate information about the psychological implications of sound religious practice and of well balanced virtuous living It is also vitally important to undertake a thorough empirical study of the development, integrative, and dynamic aspects of religious and moral attitudes But, just as the accumulation of empirical data through systematic observation and even through rigorous experimentation should be one of our primary aims, the correct interpretation of such data in the light of theological knowledge should be a matter of immediate concern to us Only when such material has become part of our scientific interpretation of human personality will a fully comprehensive basis for psychotherapy and counseling be provided

We cannot limit ourselves, however, to the study of the normal psychological conditions and manifestations of religious and moral life Every day, we are confronted in our pastoral work with a whole variety of more or less serious deviations in the functioning of religious and moral conscience This means, of course, that a whole chapter of psychopathology has yet to be written, perhaps not the least important one It is our obligation to define the essential requirements for the exercise of human freedom as well as its occasional limitations, to identify and describe man's frequent escapes from responsibility when confronted with values, to investigate the roots of superstitious religiosity and of a twisted moral judgment Clinical material will have to be gathered systematically, and, as in any other field of psychopathology, interpretations will have to be attempted that should lead to the formulation of general theories and to the elaboration of appropriate techniques

Another problem that is a matter of serious concern to us is the reciprocal implications of religion and illness for each other There are very few emotional disturbances that have no repercussions on an individual's attitudes towards values The priest often meets tremendous difficulties when he is providing pastoral care to the physically sick individual who is upset by the prospect of death, of doubtful rehabilitation, and even of resuming the full responsibilities of normal life But coping with these diffi-

cultures remains relatively easy as compared to the frightful task of giving proper pastoral care to the depressive or obsessive scrupulous, to the religiously minded paranoid reformer, to the sexual invert, to the confirmed alcoholic, to the constantly acting-out psychopath, etc. Whether the prognosis is good or bad, whether the individual is accepting or refusing psychiatric treatment, the priest must adapt his care to the needs presented to him and provide whatever help can still be offered under these particular circumstances.

On the other hand, it is a fact that inner religious and moral conflicts are liable to produce emotional tension and to create anxiety in certain individuals. Like any other deeply ego-involving experience, the most careful and objective presentation of religious values or of moral imperatives may be unexpectedly upsetting to potential neurotics or psychotics. Occasionally, sinful acts or habits, when they become the focus of conscious attention, begin to stimulate the pangs of latent pathological guilt feelings and precipitate the appearance of a depressive condition accompanied by self accusatory delusions. The immoral conduct of one member of the family may also have a deeply disturbing effect on the emotional equilibrium of its other members. Almost daily, for instance, a priest has to deal with the appalling consequences for a child of the discovery that his mother is leading a promiscuous life, or of the fact that his father is convicted for a criminal offense.

Finally, it is self-evident that the quality of one's religious and moral attitudes may have a tremendous impact on the course of ordinary therapy. In my opinion, there is great probability that such attitudes very often provide an adequate explanation for the fact that one has or has not the courage of facing reality situations in a way permitting the solution of severe neurotic conflicts and the reduction of dangerously accumulated anxiety. And here, one hesitates to introduce the consideration of other specifically spiritual factors such as prayer, confession, communion, and the other sacraments in general, since their influence will probably always remain beyond the scope of our empirical methods of evaluation.

This rapid presentation, sketchy as it is, will likely be sufficient

to increase the awareness that an immense contribution is expected from the minister of religion to this interdisciplinary and uniquely constructive approach towards the understanding and relief of human suffering that may be the greatest achievement of our time

II. Reports of Studies of Spiritual Healing

E STUDY OF SPIRITUAL HEALING IN THE CHURCHES

By CHARLES S BRADEN
Professor of History and Literature of Religions
Northwestern University

This study grew out of a request by the Commission on Religion and Health of the then Federal Council of Churches, that a local committee in the Chicago area consider the whole subject of religion and health, and try to get graduate students interested in studying some limited aspects of the subject. The committee, consisting of Dr Carroll A Wise of Garrett Biblical Institute, Dr W E Blakemore of the University of Chicago, and myself, talked the matter over and considered various phases of it. My own experience with the minority religious groups, which almost all engage in religious healing, had led me to wonder whether the practice was limited to them or was being carried on in the larger denominations.

This wonder had been increased when a very prominent minister of a large suburban church told me of a rather remarkable case which had occurred in his own ministry. I suggested that it might be worth while trying to find out the facts. They agreed, so I worked out a questionnaire, discussed it with my colleagues

on the committee, and sent it out as a kind of pilot study to a group of ministers in the Chicago region. The returns were to all of us quite surprising and indicated that a nation wide study ought to be made. A small subsidy of \$100 was granted by the National Commission, largely to cover postage, and I undertook to make the study.

The most serious problem raised by the questionnaire in the minds of respondents was the definition of the term "spiritual healing" itself. We struggled not a little over that matter, Dr. Wise, Dr. Blakemore, and myself, and probably we did not get the most satisfactory possible definition. We did, by the term "spiritual healing," for our purposes, mean, 'healing effected through other than the recognized methods of scientific medicine and those of the trained psychiatrist, that is, healing wrought directly through religious faith in some sense."

To a number of those who received the questionnaire, the definition seemed to set religion over against scientific healing, as though there was no relationship between them. Again and again we had called to our attention that all healing, whether by the scientific physician or the psychiatrist, is of God, and that religion may play a very significant role, not apart from, but along with the use of every available scientific and psychiatric technique. It was not, I need not say, the intention of the Committee to draw a sharp line between them, and a great many who answered the questionnaire evidently got what we really meant to say, and reported cases specifically in which the ministry of faith, co-operating with that of scientific medicine, was effective in producing healing.

A few seemed to think that we meant only spectacular healing and many disclaimed ever having had any such spectacular results, but did allege a habit of practicing spiritual healing in a broader sense, and sometimes very effectively, both with the physician, and after the physician had apparently failed.

The table of results, not included here for space reasons, shows that a total of 982 questionnaires were sent out to 27 different key persons who had agreed to distribute them for us.

On the 460 who replied, 142 gave an unqualified "yes" answer to the question, 'Have you ever as a minister attempted to per-

form a spiritual healing?" Eighteen qualified their affirmative answer somewhat. That means that 160, all told, have had such experience at least once. This is 34.5%, or a little more than one third of all those who responded to the questionnaire, and 16.2%, or almost one in every six, of the 982 to whom questionnaires were sent. If, as is probable, 70 of these never reached ministers at all, then the percentage of the 912 is 17.5, well over one sixth.

Of the 460, only 248 gave an unqualified "no" answer to the question. This is just under 54%. Forty-eight, or 10.4%, of our respondents qualified their negative answers. Their qualification was something on this order: "if you mean this. No," and then they would go on to allege either personal practice or very definite knowledge of the use of religion in attempted healing, usually through the method of counseling, or simply prayer with the specific design to heal, which is really to say that they did practice, in most cases, some kind of a spiritual healing ministry. As one sums up the categorical "yes" answers, the qualified "yes" answers, and the qualified "no" answers, he discovers that 206, or only a little less than 45%, do, or have made some limited use of what, in the broader sense, could be called spiritual healing, or at least reported cases which they knew to have occurred either in connection with their own ministry or some other whom they have known, or witnessed. This is almost 21% of all 982 ministers to whom the questionnaires were sent. That, I think, is rather a striking figure.

Some interesting facts emerge as one summarizes the answers to the various questions of the healing questionnaire, for example. In what kind of churches did the healings take place? Were they the poor churches, the little churches, or did these occur in all kinds of churches? The results show that the reported healings took place in churches of all sizes from under 100 members to those of over 2,000, 56% were in churches of less than 1,000. The largest percentage was in churches of 500-1,000 membership.

As to the economic level represented by the churches where healings occurred, only 11 were in the low income group, 54 in the lower middle group, 39 in the middle group, and none at all

in the upper class This latter fact may be of some interest Why should no healings have occurred in the several, though not numerous, churches of this class from which reports were sent in? It is in the middle class and upper middle where the great number occurred, a total of 104, counting 11 which were said to be made up of the upper-middle and upper-income classes

On tabulating the variety of diseases reported healed, I found I had listed sixty-four which were different enough to note separately On closer examination many of these fell into broad general classes It was interesting to note that the largest number of physical healings were of cancer of one kind or another of the lungs, three, of the spine, two, of the mouth, one, duodenal, one, of the bone, one, and just cancer, otherwise not specified, ten, or a total of eighteen all told Did the patients really have cancer? In almost every case the informant declared that the diagnosis had been made by a competent doctor and that there had been medical attendance for a longer or shorter period One case of cancer of the lungs had persisted two years, had been properly diagnosed and treated by a physician After the healing which consisted of laying on of hands, some ritual, and prayer at a healing service, X ray tests disclosed that the condition had cleared, and in a period of six months prior to the time of reporting the case there had been no recurrence The minister was an Episcopalian in an eastern city

Another Episcopalian in a southwestern city reported a case, diagnosed and treated as such by a doctor, in which the patient was hopeless of cure Prayer, anointing, and other means were employed, and within a month the patient was home, within six months was working again, and after four years had no recurrence of her malady Still another cancer case, that of the bones, her skull, ribs, hip and leg bones being already involved, diagnosed and treated as cancer by a physician, and the patient hopeless of cure, was reported by a Mission Covenant minister in a mid western city, as having been completely arrested and permanently cured A Methodist minister in a mid western city reported a case diagnosed as lung cancer by not one, but a group of physicians in consultation, who gave the patient, a woman 37 years of age, one week to live On his own initiative the min-

ister prayed with and for her, she confessed, and forgave a person she hated. Next day he reported the lungs were clear of cancer and after two years the woman was still well.

What shall one make of such reports? These are not anonymously given. Nor are they the more or less spontaneous testimonies given in a public meeting, where one's enthusiasm, perhaps stimulated by other testimonies, might lead him to exaggerate his statements, but written statements, made deliberately, in reply to specific questions, and signed. The writer has these and scores of cases of all kinds in his files. Lack of time and money has made it impossible to make a personal check on the cases reported, but there is no reason why someone might not do so. At the very least, these are reports of what ministers firmly believe has happened as a result of their ministry of healing.

But to go on with the summary, heart trouble is a close second among the healings. Fifteen cases were reported. Now heart disease, or heart trouble, is of various kinds. Sometimes the particular variety is specified, such as coronary thrombosis or rheumatic heart. In the case of the coronary thrombosis the patient, a man of 50, had been so diagnosed and treated, but he was hopeless of cure. He was healed through prayer, the report states, and lived six years. In the case of the rheumatic heart, professionally diagnosed and treated, the patient was hopeless of cure, but through the use of prayer and affirmation immediate improvement was registered, and in three weeks the patient left the hospital. She lived for a year and a half, when there was a recurrence of the difficulty and death ensued. She was apparently given a year and a half longer life through the ministry of healing. Most of the cases reported healed were permanent, though four out of the fourteen seem not to have been so. But in every case there was a substantial prolongation of life. Only two of the four cases reported as temporary experienced a recurrence of the same trouble.

Five cases of paralysis were reported healed. One two-year-old child was seized with infantile paralysis according to a physician. On the parents' initiative, the Presbyterian minister, in a mid western city, prayed for the child and talked with the parents. He reports a complete and permanent cure with no mus-

cular impairment. A Methodist minister in the same area reports the case of a woman of 55 years of age, whose case had been diagnosed and treated by a physician, but who was hopeless of cure. Group prayer was the method employed and the result was permanent recovery. From the nation's capital a Methodist and a Lutheran pastor each reports successful permanent healing of a paralysis case. Neither case was described in detail.

Four cases of tuberculosis were reported as healed. One was by a Methodist minister in a western city (Denver). The patient had been in bed a year and a half, had had adequate medical treatment, but despaired of recovery. Through prayer and laying on of hands, it was reported, he recovered immediately and in two days was at work! The recovery from tuberculosis was permanent, but the patient suffered from heart trouble later on. The minister reports that this was but one of many healings. Another minister, again a Methodist, in a southern city reported the case of a girl of 19, who had been in bed for six months, treated by a medical practitioner, and hopeless of cure. She took the initiative in requesting spiritual healing. Using prayer, anointing, and laying on of hands, she was healed. The next morning the pain left her and she arose out of her bed. The healing was permanent.

In the list were several cases of pneumonia, two of spinal meningitis, two of arthritis, and several of stomach ailment, just what kind not indicated, except in one case, ulcers, another was nervous stomach. There were three cases of alcoholism, two of brain clot, or brain hemorrhage, two severe burns, several crushed or broken bones as a result of accidents, two malignant throats and a wide scattering of single reported cases of such diseases as croup, yellow jaundice, kidney trouble, varicose veins, broken ear drum, concussion, ruptured appendix, intestinal blockage, diabetes, influenza, Malta fever, joint disease, dropsy, infection, chronic asthma, mastoid, shoulder pains, excessive bleeding after childbirth, et cetera. It is clear that according to these reports spiritual healing is not confined to functional ailments. Not a few of these are definitely organic in character.

As might be supposed, a considerable number of the healings would have to be classified as mental, and here the informants

are on safer ground, for almost no one doubts the effectiveness of so-called spiritual healing in such cases. Some twenty healings of this nature, about 12.5% of the total, were of this kind. They are variously described as spirit possession, extreme anxiety, hallucinations, neuroses, depression, frustration, abnormal fears, nervous breakdown, schizophrenia, neurasthenia, extreme nerve strain, extreme melancholy, and nervous fatigue. As might be expected, the case of the patient suffering from evil spirit possession had not been medically diagnosed nor treated, but he recovered permanently! On the other hand, all but one of the mental cases had been diagnosed and professionally treated. About half were hopeless of cure. In all but three cases, however, the cure was reported as permanent. In two cases other illnesses were reported as having occurred later. One had occasional "low periods."

Here it is of interest to know what methods the ministers used in effecting the cures. In every case, save one, prayer was used, in four cases, laying on of hands, in two, anointing with oil, four employed some type of ritual, fourteen used affirmation, thirteen, forgiveness, and only six used other methods. What were these methods? Only two specified what they were. One was "counseling," the other "listening." Might one not have expected counseling to appear more frequently? Or were the cases too advanced for this to be effective? It is understandable that bringing in the element of forgiveness might give release from guilt feelings which lay at the real root of the unhappy mental condition. I am personally a little at a loss to explain the frequency of the method of affirmation. Possibly some light on this may come from the summary of frequencies of method used in all cases reported.

Tabulation of the healing methods used for all cases—the number, it will be recalled, was 160—is as follows: prayer, 117, laying on of hands, 37, anointing, 26, rituals, 18, affirmation, 49, assurance of forgiveness, 57, and other methods, 24, in most cases not specified, though three did specify reading scripture, one listening, and one counseling.

Percentage wise the Episcopalians rated highest in the number of healings in proportion to the number reporting, 65% of them had engaged in healing by spiritual means. Other percentages

trusted That physicians sometimes make mistakes, we are all aware

I discussed this study with two physicians and told them of the number of cancer cases that had been reported healed The reaction of both of them was "Then the diagnosis must have been mistaken " It is rather hard to win in a case like that If the person gets well, he just did not have the disease he was supposed to have One of the physicians went on to say that of course the cancer might have become dormant or its growth retarded so that there seemed to be a cure "Well," I said, "some of them reported that after seven years there had been no recurrence of the disease Had they not then been cured?" The reply was "Not necessarily " They agreed that they might have been healed, but not cured

Of 124 reporting, 114 stated that the patient had had adequate medical treatment Only four said that they had not, and six were uncertain In reply to the question as to whether or not the case was hopeless of cure by any other means, 55 said definitely, yes, 20 said "apparently", 7 stated that the doctor had so thought; one said, "probably " That is, a total of 83 gave an affirmative answer Only 14 said definitely "no " (One doctor said "no," and 16 were uncertain) Apparently, then, the far greater portion of the healings were cases in which either the patient or the family or the doctor considered the case rather hopeless, and yet the cases were reported healed

It would be interesting to follow through all the replies, as to the effect on the patient, on the minister himself, as to whether the minister habitually engages in spiritual healing Here it can only be stated that about 29% of those reporting healings profess to practice it with some regularity, and 44% in some form or another on occasions Of interest also would be the answers as to whether ministers regard healing as an integral part of the Christian Gospel, what preparations are necessary for one who wishes to heal, and under what conditions healing should be practiced But space limits forbid this inclusion

It is with great regret that I omit some of the striking cases reported On reading over the specific cases, one notes that in every case advantage has been taken of available medical skill

There is no disposition on the part of ministers to replace the trained physician, rather to co-operate with him and to supplement what he is able to do with the resources of religion. This is good. It is proper. Over and over again the statement has been made, that all healing is of God, and that He uses the physician's skill, or medicines to effect His purposes, as well as prayer and other spiritual means. So long as this attitude is preserved it is difficult to see how other than good can come of a minister's use of spiritual healing in his ministry.

One thing stands out as clearly evident in the reports—namely, that a substantial percentage of ministers in the larger denominations are coming awake to the problem of health and the role religion can and should play in meeting the problem. With some it is little more than a vague hope, with others—a few only perhaps—it is a major interest and they are actively seeking to fulfill what they regard as the church's obligation in the matter.

I think it can be said that the Episcopal clergy seem to be taking the matter more seriously than the others. Not the least interesting result of the study has been the discovery of the way in which some churches now conduct regular healing services. A most interesting description of what is being done in one of the Boston Episcopal churches may be found in the diocesan magazine *The Church Militant* for January, 1951. A number of interesting publications have been received showing the profound concern of at least a segment of some of the leading denominations. But enough has been reported, I think, to make it perfectly clear that religious healing is not being wholly left to the marginal religious groups, that there is a profound consciousness of the close relationship between religion and health, and a halting but real beginning is already being made by a not inconsiderable number of ministers, fully conscious of their limitations, toward the fulfillment of that ministry.

Wise direction should be given to these people and probably the Commission on Religion and Health of the Council is the group to take leadership in the matter. How they should proceed is not wholly clear, but I suspect that a major task is that of getting a sane consideration of and preparation for such a ministry in our theological seminaries. But that would not be all. They

could develop seminars in various centers for the study of the subject by interested, already functioning, ministers. Our survey reveals that in a number of centers there is already a group of from 5 to 12 men who have indicated such an interest. Is there not here an open door of opportunity which the Commission might well enter?

F. ORAL ROBERTS: OKLAHOMA EVANGELIST AND FAITH HEALER

A Summary by WAYNE E. OATES

The following report from *Time* magazine gives a news account of the work of "The U.S.'s newest religious comet," as the report describes Oral Roberts:

Deadline from God

Almighty God, says a handsome, snappily dressed Oklahoman, has personally asked him, in audible tones, to win a million souls by July 1, 1956. This theophanous request—especially with a deadline—might give pause to many a lesser man, but it is made to order for the special talents of the Rev. Oral Roberts, 37-year-old evangelist and faith healer and the U.S.'s newest religious comet.

Almost 2,000,000 people in the U.S. and South Africa have already heard Roberts' orotund voice, been exposed to his high-pressure evangelism. He has conducted 20 successful crusades, set up regular programs on 223 radio and 98 TV stations throughout the U.S., gone into the publishing business with books, tracts and two magazines (total circ. 5,000,000). But his most valuable asset is his "healing right arm," through which, he says, the power of God flows like a current of electricity.

On the Floor. "Getting saved made many great changes for me," wrote Roberts in his autobiography (100,000 copies sold, at \$1.50 each). This is probably the only understatement of

which he has ever been guilty. The son of a struggling revivalist preacher in Ada, Oklahoma, he was, at the age of 16, at "the end of the way," afflicted with tuberculosis and stuttering. Despairing of his life, his family took him to a revivalist healer. On the way, God spoke to him for the first time in an audible voice. Said He: "Son, I am going to heal you, and you are to take My healing power to your generation."

Roberts got well, became a preacher of the Pentecostal Holiness Church, traveled all over the U.S. For twelve years, he says, God did not give him the promised healing powers. One day he locked himself in his church study in Enid, Oklahoma, and addressed himself to God. "I am going to find You. I will lie down on this floor before You and start praying. I will never rise until You speak to me." After several hours, he recounts, God ordered him to get up ("He spoke like a military commander"), get in his car, drive one block and turn right. As he started the right turn, God gave him the healing power. Oral drove to the parsonage, ran into the house and shouted to his wife, "Evelyn, cook me a meal, the Lord has spoken to me!"

On the Road Roberts promptly moved to Tulsa and set up headquarters. From then on, he says, "the thing mushroomed." Today, in a modern, air-conditioned building in Tulsa, an office staff of 155 keeps tabs on Roberts' highly organized Healing Waters Inc., using row upon row of files and machines to sort and answer thousands of letters that pour in daily, handling magazine, tract and book distribution and keeping books on the evangelist's thriving financial affairs. On the road, another staff of twelve rolls across country in eight stainless-steel truck trailers. Their cargo: a 200 by 360-ft. tent that Roberts claims is the largest evangelistic tent in the world, an aluminum preaching platform that can hold 60 people, a 60,000 watt lighting and public address system and sundry other equipment worth \$240,000.

Roberts begins his revival meetings by warming up the audience with a session of lively hymn singing, then launches into a hell fire sermon, storming up and down the platform with microphone in hand. When he finally asks the unsaved to come forward, hundreds troop down the aisles past the shiny aluminum

tent-poles During the service Roberts also asks for contributions, which may average \$2,000 for an audience of 10,000

On the Offense. The laying on of hands is the climax. The halt, the lame and the blind file up, or are pushed or carried, before Roberts one by one He prays for each one, sometimes seizing a head and wriggling it vigorously or pumping an arthritic arm up and down "I ask the Lord to deliver our sister here from sugar in her blood," he cries "Heavenly Lord, take the head noises away from this woman " Last week outside Harrisburg, Pennsylvania, an emaciated youth afflicted by polio and epilepsy rose unsteadily from his pallet after Roberts touched him on the first night of a 10-day crusade "Oh, Jesus," moaned the crowd. "There he goes."

Thousands claim to have been cured through Roberts of everything from tuberculosis to menopause troubles, but most return home with the same ailments with which they came Roberts' critics have accused him of shrewdly selecting hysterics and effecting only temporary relief Earlier this year in Phoenix, Arizona, a group of ministers offered, while Roberts was in town, to pay \$1,000 for any proof of divine healing, got no comers Of such doubters, Roberts says "I'll leave them to their theology. I'm out to save souls. I have more friends among doctors than among ministers "

Newsweek magazine, February 21, 1955, carries a report of Roberts' activities in Phoenix, Arizona Eight of the ministers of the local churches offered \$1,000 to the person who would come forth with proof of "Modern Day Miraculous Divine Healings " The report says that "Mr. Roberts told his audiences, in reference to the ministers' challenging ad 'We can claim the reward any time We've won it again and again ' Last week, however, Oral folded his tent and left Phoenix without claiming the \$1,000 "

Newsweek magazine, October 24, 1955, gives a further report of the work of Roberts as he has extended his activity to television audiences

"A mentally retarded child with cerebral palsy stood in the healing line with his mother After a long wait, they reached the

Rev. Oral Roberts, a Pentecostal Holiness minister Seating the boy on his lap, Mr Roberts put his hands around the child's head and waited for 'balls of fire' of God's healing power to strike him Then Mr Roberts cried 'Jesus' Heal this child! Make whole! Heall' The boy ran happily to his weeping mother 'Oh, praise God!' cried Mr. Roberts The audience responded 'Hallelujah! Amen!'

'Such scenes may be seen every week on screens reached by 100 television stations in the U S The minister's work is also being covered by 400 radio stations . . .

"Although he claims that God has spoken to him personally three times, he resents being called a 'faith healer' 'Only God heals,' he says, 'I'm just an instrument'

"'When I come along with tremendous faith,' says Mr. Roberts, 'I create expectancy in people for the better things I know God has raised me up for this hour and I meet it with delight. It is the thrill of my life to do this''

Oral Roberts' book *If You Need Healing, Do These Things* (Country Life Press, Garden City, New York) has sold, at the time of its twelfth printing, 273,100 copies He takes the Biblical lines concerning healing literally in every respect, reducing the Biblical story for healing to seven rules (1) "Recognize sickness and disease as the 'oppression of the devil'" (Acts 10 38), (2) "Believe the message of faith" (Mark 9 38, 39, John 14 11), (3) 'Go where the power is" (Matt 11 20-24), (4) "Put your faith in God, not man" (II Kings 5 1-15); (5) "Accept the correction of God , (6) 'Lose yourself" (Matt 16 25), (7) "Use a point of contact and recover yourself as you want to be" (James 5 15, Mark 16 17, Acts 19 11, 12)

Roberts makes much of the story of Elisha's healing of Naaman in his book, and refers to it again and again as the pattern which he follows He says that the point of contact, or the medium of healing, does not matter 'if it helps you turn your faith loose . . . What he did for Naaman he will do for you"

about 150 Christian Science organizations at universities and colleges

Healing Ministry

Though best known for its healing of physical disease through spiritual means alone, Christian Science is not concerned merely or chiefly with bodily well being. Its aim is salvation in the fullest sense of the word. Health is regarded as one of the added things of which the Master spoke when he said 'Seek ye first the kingdom of God, and his righteousness, and all these things shall be added unto you.' The part played by healing in the total ministry of Christian Science is made plain by two related passages from *Science and Health with Key to the Scriptures* by Mary Baker Eddy:

"Anciently the followers of Christ, or Truth, measured Christianity by its power over sickness, sin and death, but modern religions generally omit all but one of these powers, the power over sin. We must seek the undivided garment, the whole Christ, as our first proof of Christianity, for Christ, Truth, alone can furnish us with absolute evidence.

"Today the healing power of Truth is widely demonstrated as an immanent, eternal Science, instead of a phenomenal exhibition. Its appearing is the coming anew of the gospel 'on earth, peace, good will toward men.' This coming as was promised by the Master, is for its establishment as a permanent dispensation among men, but the mission of Christian Science now, as in the time of its earlier demonstration, is not primarily one of physical healing. Now, as then, signs and wonders are wrought in the metaphysical healing of physical disease, but these signs are only to demonstrate its divine origin—to attest the reality of the higher mission of the Christ power to take away the sins of the world."

Basis of Healing

The basis of all Christian Science healing—whether of body, mind, character, or circumstance—is the fact that God (whom the Bible reveals as Spirit and Love) created man in His own image, perfect as Himself, wholly spiritual, incapable of sickness

or sin. Thus sick and sinful mortal man is understood to be an erroneous misconception of the real man, a misconception from which Christ Jesus came to save us through his exemplification of perfect being. The clear recognition that evil of any sort is no part of omnipotent Love's purpose for His creation, Christian Science explains, brings into operation the divine law that annihilates evil in human consciousness, hence in human experience, in accordance with the Saviour's statement "Ye shall know the truth, and the truth shall make you free."

Christian Scientists understand that the metaphysical process of "knowing the truth" has nothing in common with will power, suggestion, odic force, psychic control, or hypnotism, and they differentiate it from blind faith. Scientific spiritual healing they regard as a demonstrable understanding of spiritual law. It is not a special gift bestowed on certain favoured persons, but is universally available to all who turn away from matter to Spirit, from the human mind to the divine Mind, as the basis of thought and demonstration. Christian Science does not accept the possibility of "miracles", the healing which may appear miraculous to the unillumined human mind is in reality a natural result of the operation of divine law.

In short, Christian Science treatment is prayer, but not merely the prayer of petition. It involves an awakening to the present perfection of God's spiritual creation, always present and altogether lovely.

Means of Healing

Because of its radical metaphysical position, which accepts literally the words of Jesus, "It is the spirit that quickeneth, the flesh profiteth *nothing*," Christian Science relies wholly on spiritual means of healing, as did the Master. It respects sincerely the unselfish healing efforts of doctors, surgeons, psychiatrists, faith healers and others. It respects the right of each individual to choose that mode of healing which seems to him most efficacious and most nearly in accord with God's will. But experience has reinforced the conclusion that Christian Science and medical treatment do not mix well. Starting from opposite premises as to the nature of human mind and of matter, they put the patient who

tries to combine them in the position of serving two masters, and the effectiveness of each method is thereby seriously diminished.

A few exceptions to this occur—for instance, in obstetric cases, where the service rendered by the doctor is of a mechanical nature and does not involve medication. Likewise, where bones are fractured Christian Scientists are free to have them set by a surgeon if they wish, though there are many cases on record of the rapid, perfect knitting of badly broken bones under spiritual treatment alone. Christian Scientists as a group are scrupulous in reporting contagious diseases and observing quarantine regulations, as required by law, even though in these cases they look to God alone for healing.

In *The Christian Science Journal*, the monthly organ of The Mother Church, is found a list of nearly ten thousand individuals who have met the requirements of The Mother Church for engaging in the full-time public practice of Christian Science. In one sense every Christian Scientist who is demonstrating in any degree the healing power of divine Mind is a practitioner of his religion; but the term especially designates those more experienced Christian Scientists listed in the *Journal* who have consecrated their whole lives to the healing ministry, and to whom others may turn for help when they find their own faith and understanding insufficient to bring healing.

The *Journal* also includes a shorter list of carefully trained Christian Science nurses who are available to give the practical care that may be necessary during a severe illness or incapacity if the healing should be delayed. They do not, of course, give any medication, or any physical applications beyond the simplest measures of cleanliness. The Mother Church maintains two sanatoriums where expert care of this sort is available to those needing it during the course of Christian Science healing, and it also approves various privately run nursing homes which meet the necessary standard for providing such care for those under Christian Science treatment.

Healing Results

Healing by prayer as understood in Christian Science has now been tested before the public for some eighty years. During this

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time a huge body of evidence as to its efficacy in every sort of disease has grown up

The weekly and monthly publications of The Christian Science Publishing Society always contain a number of unsolicited, carefully verified testimonies of healing from Christian Scientists. These include numerous healings of organic as well as functional disease, of malignancies pronounced fatal by competent medical authority as well as of obviously neurasthenic disorders. Many of the cases have long medical histories behind them. In many instances the expert diagnoses made before the patient turned to Christian Science for healing have been supported by X ray examinations, microscope tests, and so forth. In a number of cases the healings have been instantaneous or so rapid as to rule out any theory of the "natural recuperative powers of the human organism." Not infrequently doctors who have observed these healings have stated frankly that only God could have wrought them.

Further testimony to the healing power of prayer is given at the meetings held in all Christian Science churches and societies throughout the world each Wednesday, when a portion of the time is opened to spontaneous expressions of gratitude from members of the congregation for the spiritual blessings and healing results they have received from a more scientific understanding and application of the Christian teachings.

Free public lectures by members of The Christian Science Board of Lectureship and weekly radio and television programs prepared by The Mother Church and broadcast over a large number of stations in various parts of the world also take the message of God's healing power to many hearers who may have had no other contact with this movement.

Relations with Other Groups

During its early history Christian Science was frequently condemned by members of the clergy and of the medical profession who misunderstood its teachings and doubted its results. Under these circumstances Christian Scientists endeavored to be guided by Mrs. Eddy's words in *Science and Health*

"Students are advised by the author to be charitable and kind, not only towards differing forms of religion and medicine, but to those who hold these differing opinions. Let us be faithful in pointing the way through Christ, as we understand it, but let us also be careful always to 'judge righteous judgement,' and never to condemn rashly. 'Whosoever shall smite thee on thy right cheek, turn to him the other also.' That is, Fear not that he will smite thee again for thy forbearance. If ecclesiastical sects or medical schools turn a deaf ear to the teachings of Christian Science, then part from these opponents as did Abraham when he parted from Lot, and say in thy heart 'Let there be no strife, I pray thee, between me and thee, and between my herdman and thy herdmen, for we be brethren.'"

Today, happily, old rigors of separation have abated. The growing emphasis on spiritual healing in the churches, as well as the growth of the ecumenical spirit, has removed some of the chief barriers to mutual understanding. Christian Scientists rejoice in the evidences of the Holy Spirit at work in many fields of thought and labor. Healing, if it is an expression of the divine will, must include healing the rigidities of attitude and obliquities of vision which set sincere Christians at odds with each other. The world's desperate need summons all who have felt the healing touch of Christ to reach out in the spirit of his words "And other sheep I have, which are not of this fold: them also I must bring, and they shall hear my voice, and there shall be one fold, and one shepherd."

H. BRIEF OUTLINE OF A REPORT ON A SPIRITUAL HEALING SEMINAR

GIVEN AT WAINWRIGHT HOUSE, RYE, NEW YORK,
MARCH 25-26, 1954

PREFACE

Nearly every day some writer points out that man's material competence has far exceeded his spiritual training. Wainwright House exists as one endeavour to re establish a balance between technical skill and ethical sensitivity.

One important purpose which the house, now in its fourth year, has served has been in conducting two seminars on spiritual healing: the first under the leadership of Gerald Heard on October 7-8, 1953, and the second, March 25-26, 1954, under the inspiration of Dr. Leslie D. Weatherhead.

The significance of these two sessions lies not only in those who took part, but also in the fact that perhaps for the first time a successful effort was made to bring together representatives of the medical profession (which included general practitioners, psychiatrists and psychologists), members of the clergy (pastors of churches and chaplains of hospitals), laymen and a substantial number of clergy and laymen who conduct healing missions, healing services or healing clinics.

This report contains a verbatim account of the talks given by Dr. Earl Loomis, Jr., Dr. Roscoe T. Foust and Dr. Leslie D. Weatherhead, reports by nine men and women who render healing services and some comments made during the discussion.

periods. Notes taken by one of those present at the first healing seminar are given as an appendix.

The committee who developed these plans consisted of Dr. Otis Rice, Dr. Frank J. Sladen, Carlton Sherwood, Dr. Albert E. Day and Dr. Earl Loomis, Jr., with Weyman Huckabee acting as secretary.¹

Wainwright House is happy to make this report available and its Board of Governors wish to express its gratitude to all who took part and especially to the Marguerite T. Deane Charitable Foundation for a grant which made this work possible.

EUGENE EXMAN, *Chairman,*
Board of Governors

Wainwright House
Rye, New York
July 1, 1954

The framework of the discussion was set by awareness of the pressures of contemporary life, which affect the health of the individual in mind, body and spirit.

A quotation that puts a fundamental question was "Did love creep into the creation unawares or by mistake, or was it made part of the universe, part of its warp and woof by the Creator on purpose?"

Much of the discussion seemed to support the central importance of love, both as a healing agent and indirectly via the disturbances of health that could be traced to lack of love at some critical stage of development. One Church which offers healing

¹ Dr. Rice is Religious Director of St. Luke's Hospital in New York and Executive Director, Department of Pastoral Services of the National Council of Churches. Dr. Sladen is Consultant to Medical Service, Henry Ford Hospital, Detroit, Michigan. Carlton Sherwood is Vice Chairman of Commission on Religion and Health in Department of Pastoral Services of the National Council and a member of the Board of Governors of Wainwright House. Dr. Day is Pastor of Mt. Vernon Place Methodist Order of Christ. Dr. Loomis is Professor of Psychiatry at the University of Pittsburgh Medical School. Mr. Huckabee is Secretary of the Layman's Movement and Director of Wainwright House.

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services and a clinic reported that 90 per cent of those seeking help either hated someone or were afraid of something

This seemed to endorse the value of communities as a matrix for healing, as suggested by a psychiatrist. The sick dispirited individual needed to feel his worst was accepted within a fellowship that could transform it.

In some cases confidence had never developed through strong pressure in childhood and only deep understanding love could counteract it. In others there was initial confidence, great hopes based on actual achievements were held, but these hopes were falsified by subsequent events (e.g., the disillusionment of two world wars) and it was hard to trust again.

The anxieties arising out of these were the concern of psychiatrist and pastor alike. It was a psychiatrist who said, 'I think that all our healing skills, in addition to being informed by the finest and fullest scientific and medical knowledge, will also have to have in them not only as a motivation but as a constantly used active force in the healing procedure the presence of deep and real love.'

This agrees with the recognition that "Jesus was moved with compassion" and the fact that 'healers' must care deeply enough if their ministrations are to be effective.

The whole discussions were valuable coming from so many approaches, within the context of an over all concern to see where all this development in the field of healing leads. One important emphasis was the need to refuse to accept illness and disease as final and in spite of its widespread incidence accept it as a challenge to discover the *relevant* way of co-operating with God for its removal, whether by surgery, drugs, psychotherapy, psychic healing or prayer. This should not be the concern of the patients only, but of all who seek to alleviate distress of body or mind.

The recognition of 'odid force' which is strongly developed in some healers as genuine, but distinct from religious or spiritual development, but which could be consecrated to God's service, is a real step towards bringing order into the confused picture. It is found, as some pastors said, that healing did not always follow in cases where everything seemed favourable and a high degree of spirituality was recognized, and in other cases where this was

lacking and personal preparation was inadequate, genuine healing of physical ills occurred. If some healers have the kind of psychosomatic constitution that allows a free flow of odic force through them, then some individuals will have a greater capacity than others for appropriating it, independently of the nature of the illness or the moral and spiritual development of the person. This must not be confused with the true spiritual healing, in which the soul's response to the reality of Divine Love—however the conviction of this has arisen—is the curative factor.

This brought up the important question of how to get adequate diagnoses and medical tests before and after healing by psychical or spiritual means.

One doctor had trained as a medical man *after* discovering he was being used to channel healing when in his teens, so that he could use his gifts to the best advantage. He said he thought the attitude of mind that was seeking to record and "prove" was detrimental to the actual free flow of healing through the *quality* of the love of the physician for God and his patient. From a medical man, using all his ordinary skill as well, this is significant.

On the other hand, as was pointed out by other doctors, so many claims were made on insufficient evidence that it was imperative to get accurate records if the medical profession was to be convinced that genuine healing going beyond the range of their specific competence had occurred. The possibility of removing hysterical symptoms taken to be purely physical, without curing the state of mind which tends to produce such symptoms under stress, it was said, must be recognized.

Both these points of view are valid. It is probably true that a person who heals through love, a love that makes links with the deepest recuperative forces in the individual, cannot *at the same time* have half an eye on the sort of evidence that would convince a sceptic. But that need not mean that at other times he could not use his mind diagnostically, and check up on the results of what had been achieved through prayer or touch, if he had the requisite knowledge to do so, or asked someone who had to do so for him.

The need for care in the claims being made was stressed, not

by the sceptics, but by those with real experience of healing via religious or psychic channels. While they had had enough successes to spur them on to continue, they had also had enough failures to realize the need for humility and a study of the causes of such failures.

Various different methods were described. Their very variety showed we were only on the fringe of discovering some of the vast resources of the universe opened up in fellowship.

Two important points were made. The reality of a God who transcends the natural world did not obliterate the relative autonomy and sovereignty given to the natural world, and especially to man, included within that transcendence. The key note had to be co-operation at every stage, with illness and accident as a consequence of failure to achieve it.

The second point was the increasing recognition of the need for co-operation between the medical profession and the Churches, which was expressed by many present. It was realized that this was as yet unacceptable to the majority of members of both professions. The need for effective co-operation between those aware of its ultimate necessity was the only way in which genuine recognition of the need, that could affect the training of medical students and ordinands, could come.

One link in the making of a chain of mutual understanding seemed to lie along the lines outlined by a well known pastor who is engaged in healing work. He said, "Now the God whom I seem to find revealed, declared, hinted, in the various areas of our human experience is a God who is concerned about health or about wholeness of life. I think that is evident in the very constitution of our body. Something here is at work. There is a wound—something heals it. There is an invasion of germs—something attacks the germs. There is destruction of cells—something rebuilds the cells. There are waste products and toxins that accumulate—something is eliminating them. Certainly in the constitution of man's body God has declared his interest in health."

Those who can accept this and add to their faith in nature's own healing processes—which are not in dispute—the faith in a supreme creative Mind quickening or speeding them up through faith and love—much as we know them to be inhibited by fear

and anxiety—have sound grounds for exploring all ways of co-operating with God for the restoration of health.

The same speaker suggested that God is trying to develop a mature people. Maturity, as he said, can only be developed if people are given the responsibility of discovering his laws and obeying them, with the very great certainty that their failure to discover and to obey them will mean tragedy. God requires our co-operation.

This is a great plea for more of such seminars to foster it.

III. Medical Statements

I. SCIENCE AND RELIGION

BY J. B. RHINE
Professor, Duke University

I enrolled in a denominational college with the intention of going into the ministry. By the time I had finished the course I had no religion left worth preaching to anyone. In my first encounter with psychology I had become convinced that man is a purely physical being, that the control center of human personality is in the brain, and that the soul theory, upon which my religion had been built, had no scientific foundation whatsoever. Without some kind of soul principle or spiritual factor in human nature, it seemed to me that there was no religion possible.

My course in psychology had shown me how mental life had, through the ages, evolved along with the nervous system. Personality had been found to be dependent upon the organic processes of heredity, the physiology of the blood stream, the influence of the ductless glands, and other biophysical functions of the material organism.

What was there to do about this conflict? In my disturbance of mind I consulted various religious counselors on the college campus. But they only repeated the familiar arguments for the soul as based upon church authority and philosophical speculation. In my science courses I had already become attracted to the scientific way of thinking, and when I demanded some reliable verification for the religious doctrines in question, no one could

give me any In turn I went to my psychology professor, who was very sympathetic with the religious viewpoint, but he candidly admitted that psychology, though it was literally 'the science of the soul,' actually had no evidence of a soul—that is of a nonphysical mind The word 'soul' had long since been dropped from psychology lectures, and was no longer even mentioned in the textbooks in use So far, then, as my mind was a battleground between psychology-as science and religion as-a-faith, the latter had lost the battle

This purely personal experience has been cited because, as I have found out through the succeeding years, the experience is a fairly typical one It is true, some persons are hardly conscious of the transition as they are going through it, their religion often drops out of the picture without a definite decision ever being made Moreover, it is not only in college classrooms that this disastrous effect upon religious belief is to be found The consequence of scientific training in general is to reduce one's faith in the religion of his youth

If we are inclined to wonder why something has not been done about this clash between religion and science, let us look for a moment at a still more curious situation in our university life For example let us follow two young men who come to college, one going into the ministry and the other into medicine The ministerial student in the course of his seven years' training gets little or no science in all that period Therefore he comes out at the end, if he is not too critically inclined, holding fast to his childhood views of the spiritual nature of man The medical student, on the other hand, has his course work almost entirely in the sciences and he finishes his training with a thoroughgoing physicalistic view of the human individual He has found no place for the soul theory in the sciences he has studied

Is it not astonishing indeed that two such schools can exist side by side on the same university campus, both represented by highly trained, scholarly faculties, each one thinking the other completely misguided in its view of the nature of man? They cannot both be right There must certainly be error of a most serious character in the viewpoints taught by one of those two faculties concerning the make up of a human being

WHICH VIEW OF MAN IS CORRECT?

I am sure no one, however, will regard this conflict between the teachings of two such schools as merely an idle, academic dispute. Religion is all important, and this issue is of the greatest consequence. For quite obviously it is only a matter of time with the continued spread of the sciences in our education before the faith of mankind among all those who are capable of education could be effectively undermined.

But it is by no means only to religion that this issue is of major consequence. The entire institutional life of our present day society is involved. Our culture with all its social organization has grown up around the view of man which has been traditional in the religions—namely, the view that man consists of nonphysical mind or soul, and a physical body which the mind controls.

It matters a great deal, then, which view of the nature of man is true. It matters too much to allow this open contradiction between the schools to continue, with the student having to grope his way through the conflict between science and religion as best he can. But it also matters too much to the general social consequences for the world, with its crying need of a better basis for human understanding. To appreciate this point, we need only remember, first, that we treat people according to what we think they are, and second, that the great social movements toward peace and good will among men have sprung from conceptions of man as a spiritual being. On the other hand, the same physical sciences which have given us our mechanistic concept of man have also brought the world to its present state of potential self-destruction. Therefore we simply dare not longer neglect the great question of the nature of man himself. For, as we know, self knowledge is necessary for intelligent self-control. But where shall we turn for a solution? What can we do to bring this question about man to an incontestable answer?

A BEGINNING HAS BEEN MADE

Today instead of bowing before the unexplainable, we begin to experiment. To prove or disprove other psychological problems, we devise experiments in which we can induce the phe-

nomena to take place under controlled conditions. For instance, why not have two people in the laboratory deliberately attempt to transfer thought from one to the other, under conditions that would allow none of the senses to operate? Let one of them think of a number, a letter, or other symbol, and let the other attempt to identify which symbol it is. The scope of hits made would show the amount of success.

Or, again, if a person can spontaneously view a distant scene by thought control and identify events occurring there, why not have such individuals experimentally attempt to identify concealed objects placed beyond the range of the senses? A record of the subjects' responses compared at the end of the experiment would register the amount of thought ability which a given person displays. We have carried on these experiments for some years with most interesting results.

In 1930 we began such systematic studies at Duke, and following our first report in 1934, a number of other experiments here and abroad, in the universities and outside, took up the research, mostly with the Duke methods. This work is presented for the general reader in my book *The Reach of the Mind*. It is best, I think, to look at the progress made on the inquiry into the nature of man as merely a "token" achievement, so far as religion is concerned. In the sense that we have found evidence of nonphysical properties of the mind, we have sustained the soul theory of man by experimental research. As defined by minimum requirements, the soul theory has been confirmed. We submit this as an example of the support which inquiry may bring to religion. A beginning, at least, has been made.

RESEARCH THAT BEARS ON PRAYER

The question of the survival of death is as yet simply one of the great research problems for psychology. Some scientific work on this problem has already been done, but not enough to allow any conclusions to be drawn as yet. In fact, it is becoming increasingly clear that a scientific decision is not even within sight from our present position. But the experimental work done has at least cleared up one fact—namely, that in the light of such research some form of survival is a possibility. If that re-

search had yielded nothing, if our tests had produced only chance data, it would be much more difficult indeed to entertain the concept of a spiritual world or surviving personalities

In a similar way we can now at least rationally conceive of the existence of a universal spirit equivalent to the modern conception of God. Speaking in the same free manner about implications of our researches, we can now furnish more ready explanations for effects attributed to prayer. Such application has already been made in at least two recent books on prayer by authors much better prepared than I to discuss the subject—Gerald Heard and Dr. Laubach. Aldous Huxley, too, in his book, *The Perennial Philosophy*, has in a similar way integrated research findings with the more familiar concepts of religion.

But we must now come back to our scientific viewpoint. For if the researches have helped us to verify one fundamental hypothesis of religion, we must remember that it is only because of the method that we used. They are a product of scientific method, the only way men have yet found for making sure about the facts of nature and distinguishing what is reliable from what is not. It is of course a universal method, and there is no reason whatever for thinking it any less applicable to the problems of religion than it is to those of medicine or engineering or any other field of human action. Nor do we wish to have in religion any less reliable standards of evidence. Rather, I think most people will agree that there is greater need for certainty where the problems are more important to the general welfare of humanity—as those of religion undoubtedly are.

Religion, like medicine, is a great field of application and practice devoted to human welfare. Many of the great religious teachers of ancient times were both healers and spiritual leaders. But if we compare the subsequent development of these two functions throughout the intervening ages, we are shocked by the contrast between the eager, exploratory attitude of the healer today with the past worshipping conservatism and orthodoxy of most of the spiritual leaders. But if we can now secure for the primary human needs involving religion comparable scientific attention to that demanded for the practice of healing, there is every reason to believe that we shall find ahead of us as great a

future of religious discovery in the realm of the mind as biology has contributed to medical matters.

If scientific research, such as I have mentioned, can be introduced, encouraged, and supported by the church to supplement the factors that have sustained our religious life throughout the ages, the strife between science and religion will cease. We shall have instead scholarly men of all types, joining forces and eagerly seeking, discovering, and interpreting evidence of the spiritual universe to which man in part belongs. What the knowledge of this universe can bring us for human guidance, for better social relations, and for a universal feeling of fraternal regard among men is far beyond our imagination to conceive. Even the Russians will be won to a common accord if we will put more emphasis on factual data and less on inherited dogma, however important this latter may be. Let us not forget St Paul's appeal. "Prove all things hold fast that which is good" I Thess 5-1. And Tennyson's counsel "Faith were as Science were she but to arm herself with the instruments of her time!"

J. AN OUTLINE OF THE TRANSACTIONS OF THE CONFERENCE ON THE MINISTRY AND MEDICINE IN HUMAN RELATIONSHIPS

GIVEN AT THE NEW YORK ACADEMY OF MEDICINE
2 EAST 103 STREET, NEW YORK CITY, ON MAY 11, 1950

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OUTLINE

The programme was planned to "discuss an opportunity and to state a need" The need was to achieve an understanding of the reciprocal and supplementary functions of both ministry and medicine in the lives of humans The opportunity to work towards that goal was the warrant for such a conference of members of both professions

Throughout the discussions the distinction between and yet the overlapping nature of medical and pastoral ministrations both to individuals and to communities emerged

The physician, it was said, aided man in the here and now, in man's relation to the immediacies of his world The minister ministered to man in relation to man's ultimates, his values, his goals, his objectives But these could not be kept entirely separate without disrupting the immediacies too

When a man becomes sick, it was said, he finds two questions implicit in his experiences He wants to know what made him sick and how he can get well Then if his illness is serious or intensely painful, he faces the second kind of question 'Why do I have to be sick anyway? Why pain? Why suffering? Does this mean I have sinned? That something is wrong for which I am being punished? If I die, what happens?'

The sick man asks the first question of a physician and the second, involving the nature and meaning of life, of a clergyman But as a result of the development of modern psychiatry, the physician can no longer confine himself to physical causes and disease entities, but has to take into account emotional factors and the patient's values and way of life

It was recognized that this led the physician from his own work directly into the sphere contiguous to that of the minister of religion It was no longer possible to keep the medical and pastoral ministries separate Each is directly relevant in some aspects of the other The need for mutual understanding and team work was stressed

Normal crises in human life, birth, puberty, marriage, parentage, old age, sickness and death, were all recognized as the concern of both physician and pastor Baptism, confirmation, wed-

dings, religious fellowships and funerals involved not only the ceremonial rites, but provided an opportunity for giving pastoral help in emotional adjustments and preparation which would prepare the way for more direct help in illness when and as it arose. It was admitted from the pastoral side that in the main the Churches had failed to take advantage of these opportunities, and even at times, by a too narrow and rigid moralism, had hindered rather than helped the healthy emotional development essential to a sound spiritual life. The physician was also involved in these situations, and a recognition of the complementary nature of their different approach was necessary.

In addition to the normal crises in life, pathological developments in neurotic or psychotic individuals were also the concern of both professions. Many of these came to a minister for advice or help and suggestions for recognizing those who needed to be referred to a psychiatrist were made from the medical side.

The distinction between neurotic, psychopathic and psychotic behaviour was made. In each type of disorder the patient's behaviour was controlled, without his being aware of it, by emotional forces which took command of his being. The consequences, however, differed in the three groups. Generally speaking, the neurotic hurt himself, the psychopath hurt others, and the psychotic hurt both himself and others.

Depression, from the psycho-dynamic point of view, is frequently a desperate cry for love—precipitated by a serious loss which endangered the patient's emotional (and material) security. Depression was viewed as a process of miscarried repair. To a healthy person a serious loss was a challenge. He met the emergency by calming his emotions, marshalling his remaining resources, and increasing his adaptive efficiency. Pathological depression is regressive and makes the individual's plight still worse. The grave danger is of suicide. Yet it was not always easy to recognize when this danger was imminent.

A further sphere of overlapping between medical and pastoral ministries had arisen through the development of another type of physician, concerned with preventive medicine and public health. At first this had been primarily concerned with sanitation and the provision of hygienic living conditions. But it had gone on to

consider the different types of socio-economic factors in the well-being of the community. The Churches, as community centres, could play a part within this drive for a healthier *social matrix* within which the individual could mature.

The relevance of pastoral work to medical aims was thus again reached from the medical side by an extension of its own work as the 'total' man became its concern.

A discussion about the relative areas of effectiveness of medicine and religion required a perspective including the *physiological* substratum of individual functioning, the factors affecting *psychological* development, and insight into the *social constellations* in which the individual functioned.

References were also made to the work of social anthropologists, which threw light on the varying attitudes to the normal crises of life in different cultures.

It was recognized that both the clergy and secular organizations shared the burden of organization of resources for health in times of crisis (i.e. birth, puberty, illness, marriage, death). The difference of value system in their respective approaches needed to be understood for precise awareness of their mutual aims.

Medical and religious views of illness were summarized. It was realized that only in an atmosphere of understanding and acceptance could a sick person be helped to review his past, confront his present, and plan realistically for his future, so that he could attain the abundant life of which Jesus spoke so dramatically.

Both physician and pastor were recognized social figures within the community, with a considerable degree of prestige. The minister, for most people, symbolized the conscience of the community. If an individual could feel his worst was accepted by a minister, he would no longer consider himself estranged or isolated from the community.

Human beings found it harder to accept direct statements about their emotional and spiritual illnesses than about physical ones and much understanding was needed to bring the realization home in such a way that cure could follow.

Religion, it was said, was concerned with the whole man, not just a segment of him. The spiritual life of a person was not a

thing apart, but was the centre of the personality which radiated into all its activities and expressions

An important distinction was that much of the approach of the physician consisted of things he *did to* the patient, whereas the minister had little to *do to* the patient, but a great deal to *do with* the patient to help him to do something for himself. Every religious service, symbol or relationship could be used wrongly or rightly. There was no 'foolproof' approach.

A pastor said, "The effective minister needs a deep orientation and insight into the dynamics of human life. The forces with which religion deals are the central forces of life. On the one hand, they are forces which are life-defeating, and on the other hand, they are forces which are life-giving. From the spiritual centre of the person come those laws by which his life in all other aspects operate, either for illness or health. Before these profound forces the clergyman must stand in humility. He cannot control them or manipulate them. They are beyond him but slowly and surely working out the eternal destiny of the individual. But he can create with some people, conditions through which the life-creating forces can overcome and master the life-defeating forces."

In this deep matter religion is the individual's relationship to God, the well spring of his life. That relationship may be such that the door is closed to this creative power within him, which is the grace of God. If so, life-destroying forces will predominate in the person's experience. Or that relationship may be such that the door is opened to the grace of God, and if so, life-creating forces will be released.

Dr Iago Galdston, Secretary of the Conference and Editor of the Transactions, said, in summing up, that the programme as planned had been to a very appreciable degree fulfilled. The epochal points in the experiences of the individual's life, where both minister and psychiatrist could and should join to serve him, not when he is necessarily affected by disease, but rather in normal experience, had been listed. This has been followed by the so-called psychiatric equivalent of these same epochal periods.

It has also been said that there was no such creature as a normal individual living a normal life and having normal difficulties.

These were all fictions. Much of what we thought we knew about the individual was essentially wrong. what we did *not* know was colossal and some very fine searching was needed.

The shoals of disaster on the one side of which lies safety and on the other perdition, has also, he said, been sketched out. Moreover, aids the religious approach could offer the physician had also been outlined.

But, said Dr Galdston, there was one point of juncture that had been omitted, deriving from ordinary experience which tied together the psychiatrist, the physician and the minister, and that was the immortality of man. 'Spell out 'immortality' as you please," he said, 'but you must recognize the hard reality behind it' "

This same speaker said he did not think it was possible to talk a common language but that a *translatable* language was essential. He, as a psychiatrist, would like to send some of his patients to some ministers who could tell them in language they could understand just what "the grace of God" means. But he had not found such ministers.

"We do not openly confess," he went on, "how greatly we both contribute to the bedeviling of this civilization. There are many physicians entirely devoid of any sense of the transcendental, and there are many ministers with their feet in heaven, and their head, God knows where. Both are inducive of disease. He thought the physician had been guilty of sins of omission, but the ministry had been guilty of sins of commission.

Such a conference, however, was a start towards understanding Medicine, in the main, had derived its impulses from pathology. But its ultimate aim was "good life." A conference, such as this one, was similarly motivated by the pathology we witnessed in delinquency, divorce, suicide, psychosomatic illnesses, neurotic behaviour, etc. 'But,' he said, "we too should go beyond pathology to consider how it may be possible to foster the good life—good, because in it is realized the great potentialities of life itself, physical as well as spiritual."

That challenge endorses the plea of the whole conference for a fuller co-operation between the two ministries to the needs of man in his search for and growth towards a fuller life.